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TEACHERS'

STUDY

BOOKLET

General Classes

Asana 1 - 27

Pranayama 28 - 42

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Sit straight

Fold the palms in front of the chest.

Bring the thumbs near the sternum bone.

The bottom of your palms at the bottom of your sternum bone.

Keep the chest in lifted position.

Do not drop the sternum bone.

Move the dorsal spine into the body.

Back erect - that brings the attentiveness from within.

If the spine is dropped, you remain in a sleepy state or dreamy state.

You are to be in a wakeful state.

Lift your chest upward; lift your spine upward.

Dorsal into the body and move your chest from the armpit region to the front.

Keep your head in a straight position, no tilting.

Close your eyes completely. Bring your upper eyelids down.

Let the front portion of the brain remain parallel to the back of the brain.

Feel as though the frontal brain is receding to the back of the brain.

Centralize the body so that you don't tilt.

Lift from the bottom of the spine - the trunk upward.

Keep the sides of the navel free from tension.

As the eyes are closed, look within.

Draw the eardrums in.

The back of the eyes go in and the eardrums go towards the centre. Where that energy meets and from that region, from the centre of the brain, allow the brain cells to recede and be quiet in that state.

Keep the tongue resting on the lower palate.

The mouth cavity, throat, free from tension.

In order to remove that tension, keep your mouth slit open as if you are going to say the prayer.

A slow soft inhalation, a slow soft exhalation, to bring the stability within yourself.

Remain silent, quiet, humble from within, watching your breath before you offer your prayers.

I will be reciting first and then you will be following so remain silent for a while

Invocation to Lord Patanjali

In this group some of you have been to Pune but most of you I am seeing for the first time. So be like a beginner, keep your mind open, and your receptivity will be better. You are supposed to learn. Don't begin to calculate before the class begins. If you impose your ideas on what I tell you your knowledge gets mixed up. You should not bring your own ideas. Be just like a beginner, don't think what you are supposed to do. The teacher has to think. Then you will gain understanding because you are like a clean slate. Later, when you reflect on the learning, this brings clarity.

Knowledge doesn't come from one side. You find a scientist discovering something and at the same time another scientist also working along the same line. Knowledge is always something which is universal. It is not meant for one person. It is not individual, but every individual contributes. When knowledge goes in the right direction and ignorance is removed it takes all of us in the same direction. So I learn when you learn. When you feel and you understand that gives knowledge to me. In a similar manner when I give knowledge to you, you also start to understand.

The teacher should churn the intelligence of the pupil. As we churn milk to bring the cream up we are to see that in the learning process we churn our intellect to bring up the cream of understanding and knowledge. The understanding and knowledge is the cream of the intellect - it comes up only by churning.

In this class we will concentrate more on asanas. Our method is to start with standing poses. Then we will proceed with other postures.

Those ladies in period work on the side of the room. It depends upon your energy during your period. If you find it hard or you are getting exhausted it is better you remain quiet when the rest of the class is doing. Be honest with yourself. Learn to discriminate. Those who are not keeping well today also work at the side. Don't use tiredness as an escape. When there is freedom of mind, freedom of intelligence, fatigue doesn't come as you think - it is only our mind that says "I think I am tired so let me just be quiet". Learn to discriminate. The rest of the class certainly has to participate.

Put your mats where you are able to see me. I will try to speak slowly so you can catch. I know our pronunciation differs. Gradually you will understand my words.

Tadasana

Keep your feet joined together - legs together.

Wait - don't disturb yourself.

As you spread your mat spread your feet - no folding.

Adjust yourself at the bottom of the feet, bottom skin is completely open and spread out.

Don't be on the outer or inner foot; bring yourself as much as possible to be centralized on the bottom of the foot.

Watch the skin at the bottom of the foot at the second toe mound. It is less sensitive - it gets crumpled it gets tight there - open it.

Increase the distance - bottom of the foot between the first and second mound of the toe so the skin gets well opened.

Bend down and adjust yourself.

Extend the knuckles of the toes.

The small toe completely opened out - extend that toe.

Small toe gets extended forward.

The frontal forefoot is the sole.

Frontal sole always crumples faster than the heel.

In Tadasana you are not supposed to be on the frontal foot, don't come forward be on the heel.

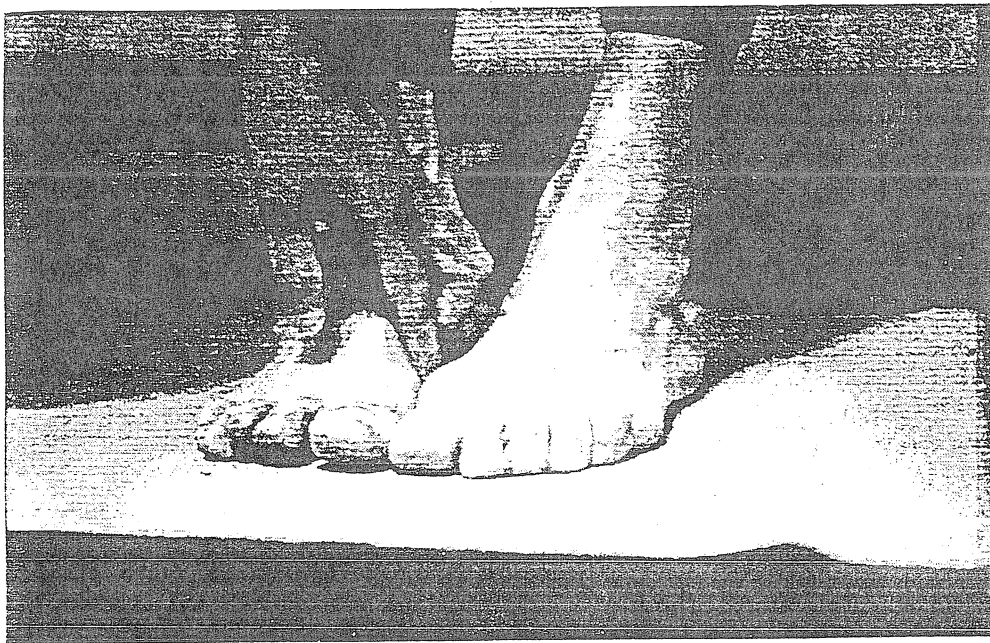
Go on the heels and see how the skin on the bottom of the foot near the mound of toes is free to open.

Allow the skin to go with the toes forward.

We think of opening the chest, opening the lungs, but even the bottom of the feet has to get aerated. When you stand you don't allow it to get aerated from inside - the air doesn't reach there.

Tadasana is a simple pose because you are just standing there. From this simple standing pose you get more knowledge because with less movement there is more knowledge. In Trikonasana and Parsvakonasana the brain takes a longer time to get that knowledge as there are so many movements. In Tadasana you are absolutely steady, you are stable, and the brain can reflect on what is happening so it gives us *jnana*, it gives us knowledge. In Tadasana you can observe very clearly when the weight of the body goes either to one side or the other. In Trikonasana, Parsvakonasana, if the bottom of the feet go even a little wrong the spinal muscles, the muscles of the pelvic region, go wrong. When adjusting the bottom of the feet check that the knuckles of the toes are extended. Watch the skin on the bottom of the feet - how much knowledge it can give. Normally you don't see the bottom of the feet so nobody pays attention to it. *Use your hands underneath the foot* - adjust where it gets caught. Press and open the skin well.

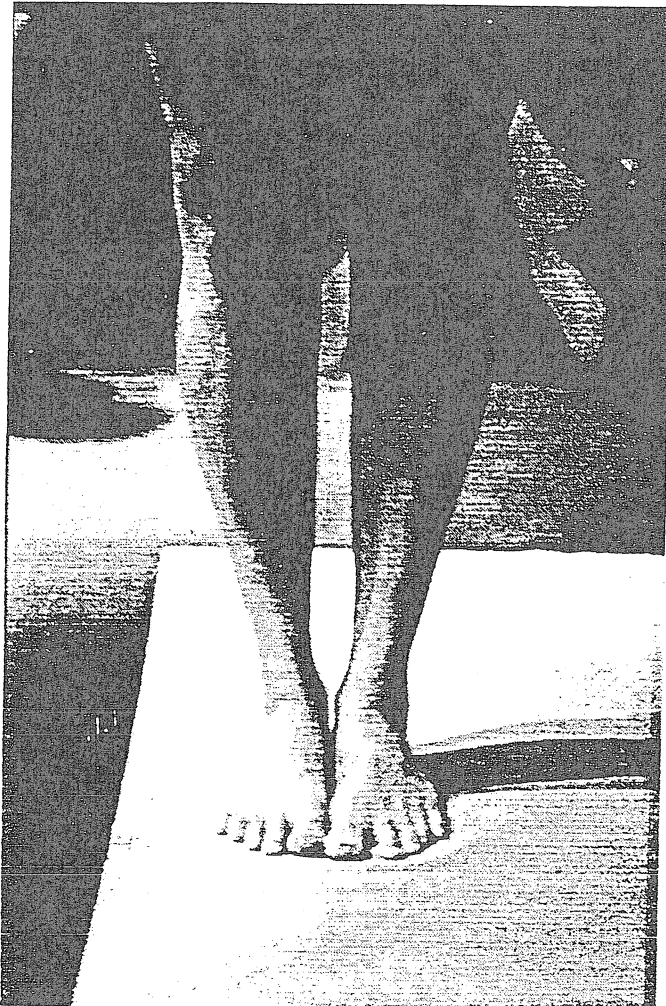
Demonstration: On two students - when the feet are together the toes are not joined - the heads of the big toes go away from each other.



1. She will say the foot bone (bunion) is projecting so that is why the toes do not come closer. To join the toes to bring them closer - separate the feet - the skin is tucking out - the skin has to tuck in.
You have to push the inner mound of the big toe skin fibre in - move the skin towards the second mound of the toe (in and under towards the sole) then join the feet.
When joining the feet be more on the inner edge. You have to rub the skin (down and under) to bring the big toes closer - join - don't keep the big toes out.
2. This problem is different. The big toes are not joined, not put together.
The big toe skin comes out so move that skin inside. The big toe, inner skin for this person. For the previous person it was the mound of the big toe inner skin.

Later in advanced poses this will bother you. In Ustrasana or Urdhva Dhanurasana back arch or some difficult advanced posture you don't realise when things go wrong. The moment she finds her skin goes inside life is coming to the inner edge of the leg, the inner edge goes slightly higher. If the inner edge is getting dropped, the height of the body is different. But when she adjusted correctly and joined the big toes the legs became active. This knowledge, with the sensitivity, reached higher upwards.

Words are always gross. They have limitations as far as expression is concerned. You may put it a different way but still it does not give the full meaning. If I say "Go on the outer edge", you let loose the inner edge. If I say "Be on the inner edge", you let loose the outer edge. Come on the heel, elongate the bottom of the sole forward, and open that skin. The skin on the bottom of the foot must be ironed out as you iron or press your clothes so the folds are removed. So unfold your feet so you are on the outer and inner edge equally. Learn how to iron the toes and spread the feet. Nobody pays attention to the bottom of the feet.



Keep on the heel and see if the shinbone is following the heel.

See if the shinbone is exactly balancing on the heel.

Go on the heel - take the shin back.

Suck the shinbone back towards the calf muscle and open the calf.

First open the shinbone.

Just keeping the inner thighs together and not stretching the legs is wrong. Open.

Allow the inner calf muscle to go back more. Move it back and lift it upwards - sucking action on the inner thighs.

If you join without opening - it is a compression not an extension.

Open all the toes and allow the inner calf muscle to go back further.

Demonstration: Knowing the defects - move the inner edge of the thigh backwards. Cutting the outer ankle in. Move the bottom thigh, inner quadricep muscles upward and move the bone back. Move the inner heel skin to the outer heel skin turn the back calf to follow that movement.

Feet apart - use a brick between the heels.

Back heel in line with the back of the brick.

The inner heel touching the brick and inner edge of the thigh hitting out.

You have to know the sequence of action it is not just joining knees together, thighs together.

It certainly has to come closer when the rest of the thigh is lifted upward.

Join with the lifting action of the inner thigh.

The sequence is from the heel to the knee. This is the first action - from the knee up to the thigh is later.

From the knee to the thigh - the understanding takes time. It is a slow progress.

Shinbone back, frontal thigh to the back thigh.

Lift the bottom rib edge upward and roll the shoulders back.

It is not the shoulders that first get adjusted - the action is from the chest.

The sides of the armpit chest get closed in the front if the shoulders are completely dropped.

It gets blocked at the back if the shoulders are not broad enough.

Back of the armpit opens to the front then the shoulders and arms get adjusted.

Open the armpit so that it gets further extended.

I won't expand about the chest here. The opening of the chest, lifting of the chest, adjustment of the ribs will come as you proceed with other postures.

Uttitha Trikonasana

A beginner needs motion to spread apart. The hands and legs give motion to the body to jump. Tadasana with hands across the chest - elbows up - bend the knees and jump, spreading the legs. The body took a swing - the bending of the knees and throwing of the arms - for motion. Then one has to do with stability and extension.

Feet apart, keep the toes facing forward. Arms spread horizontally.

Certain areas of the body age faster than other areas. When stretching the arms the area between the armpit and elbow doesn't work. It remains lazy. That is why the ageing process begins in the upper arm faster than the forearm. It is not a case of ageing by the years like 50 to 60 years. In our own body certain areas become older than other areas. They age faster. Also in our body there are certain spots we hide. This means hiding from one's own intelligence, remaining in the shade. The light is strong on one part but another part remains in the shade. The inner upper edge of the back thighs we hide. We have to see that it doesn't remain in the shade, and open those parts. The inner edge of the thigh lift upward and hit out - the inner upper arm gets extended.

Jump four feet apart. Elongate the side trunk. Extend the fingers. Elongate the knuckles.

You don't question who has to join the fingers and who has to keep them spread. As you didn't question what to do with the skin of the bottom of the feet. When you open the palms you know the width. The question is can you maintain that openness when you join the fingers?

Open the fingers - open your knuckles.

Elongate the knuckles - elongate the fingers.
Open the skin on the base of the palm.
When joining the fingers the skin should not contract.
The skin of the palms should not shrink.
The palm skin should move to the fingers - skin out.
When you open the skin to the fingers your palms are more relaxed.

Joining the fingers for a beginner is fine, as they are undisciplined. They don't know what's happening. The moment they join some understanding comes. The connection is a muscular connection but it joins their brain there and discipline begins. But when it is joined for years and is getting closed or when the problems come, the diseases come, you question again what to do with this knuckle, what to do with that knuckle? When the palm is not opening, when the palms are getting closed it is your duty to open it, knowing it is for the circulation. The ten fingers of the palms and ten fingers of the toes have great work to do and they give us knowledge.

The palms are not merely elongating. It is not just the inner and the outer finger edges or the knuckle extension, but when you do it correctly the chest opens. Find out the connection. If the palms are closed the chest drops. If you extend your thumb which portion of the chest gets opened? Is the little finger connected with the back of the chest, middle finger to the middle of the chest, thumb to the frontal side, armpit side of the chest? The side flank of the trunk has to open so extend your fingers, open the fingers, open the knuckles, elongate your arms, sucking that upper arm. Now find out whether the chest opens further or not. Our arms should see that life is coming in the chest. Life has to come or the pose goes wrong. It simply becomes a sleepy pose. You have to awaken those cells and find out whether the intelligence can be taken there.

If the back chest is getting dropped lift the little finger up.
If the front chest is collapsing, lifeless, lift the thumb region up.
Then see whether the thumb and the little finger are balanced.



Turn the right foot out. Left foot in.

Do the sequence of movement so the leg remains in Tadasana.

It is not to become lopsided or the leg will lose its intelligence, its discipline.

The basic instruction is, turn you right leg out.

Turn the right leg out and see whether the skin on the thigh is completely turning.

If it turns only half way - then the discipline is breaking.

After turning, rotating the foot, the ankle and knee in line - turn the right thigh more - so the whole leg is a Tadasana leg - straight position.

During the motion process stop when movement is undisciplined and bring the discipline - *ānuśāsanam* means discipline. Un-discipline is so fast. It doesn't take a long time to break discipline but to build discipline takes a very long time. To break discipline takes just a fraction of a second. It doesn't ask your permission "Should I break the discipline"! It just goes. Before you turned your leg it was disciplined, but when it turned it broke the discipline. What is very important is *ānuśāsanam*. *Atha yogānuśāsanam* (Patanjali Yoga Sutra 1.1) means a continuity of the discipline. Somebody has already taught the discipline in yoga long ago and I am continuing that discipline of yoga. I tell you of *ānuśāsanam* so you understand. For us it is also further *ānuśāsanam* as to whether we continue that discipline.

First move the outer thigh in so the body weight is more on the inner edge of the right foot.

Don't go on the outer edge the right foot.

Bring the outer calf - outer thigh into the body. If they are projecting back the arms don't come in line with the legs in Trikonasana.

The whole leg gets adjusted skeletally to the inner edge of the leg.

It should not go leaning back (out), so come on the inside - come on the inner heel.

The inner heel awareness links you up to the back of the outer thigh.

The back leg. The left leg.

Left foot - adjust, bring it inside.

The left foot holds the body.

Outer edge of the foot is down. Don't come on the inner edge.

In standing poses I say "Adjust that back leg before you proceed".

The turning of the right leg will not be complete unless the left frontal leg goes back.

Both the actions synchronise.

You don't separately deal with the right leg and the left leg but you adjust the left leg as you rotate the right leg.

Left has to be controlled. There is no breaking of the discipline to become undisciplined.

So as you turn the right - move the left thigh back.

The rotation of the full right leg turning and left leg turning - are similar - inside out - inside out, but they are in opposite directions.

The leg action first before you think about the arms.

Normally you forget the leg alignment and you want to go down with the hand.

So instead see that first the inner edge of the leg stays inside - then you can release your hand to go on the floor.

Tadasana feet together - arms spread horizontally.

Bring life to every cell.

Arms sideways - widening the arms to the side.

For the beginner that is most important - open the armpit - open the chest.

In spreading the arms charge that inner upper arm.

Charge the inner upper arm. It becomes old quickly so suck that into the body.

Shoulders open - widened to the side.

Open the chest forward - project your chest forward.

In preparation for Trikonasana move the chest still forward.

Curl the side ribs upward.

Open the side chest - keep the arms like that - maintaining that state - open the chest.

The chest should not collapse - maintain that position - don't degrade it - maintain that then

Bring the arms to the side and you are in Tadasana.

What happened to your chest? Did it not open? Previously you collapsed slightly.

Trikonasana, arms spreading - teaches you how the arms should be in Tadasana.

Uttitha Trikonasana

Take the hands across the chest - open the armpit chest - jump four feet apart - spread the arms horizontally - widen the legs.

Both feet are kept in line - check at once - toes are extending forward.

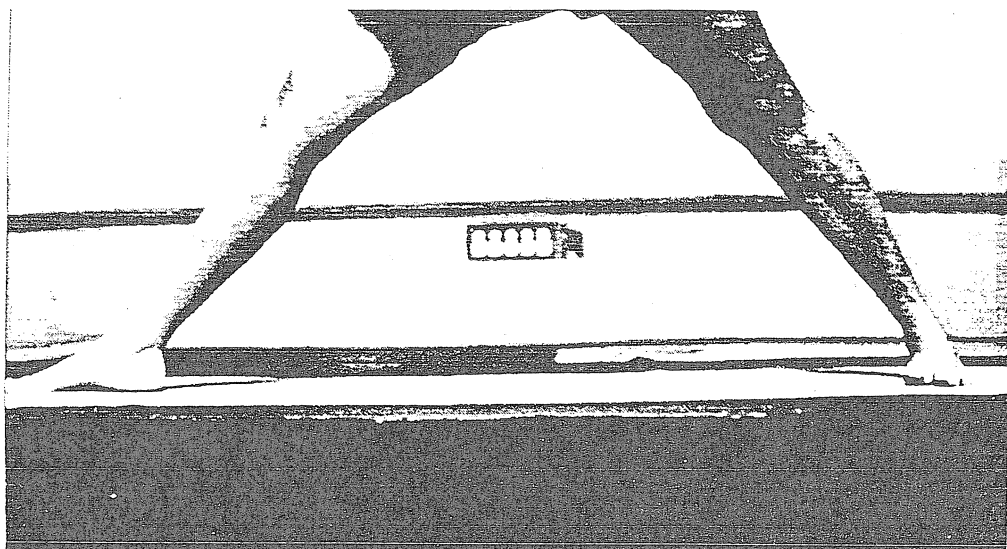
Widen the inner thighs.

Right leg out, left foot in.

Turn your right leg completely out and keep your left toes turned inside.

Left foot inside - the left outer heel is slightly out so that the ankle is correct.

Move the left inner thigh - inner thigh charged - left outer foot strong.



Arms in line with the shoulders.

Open the chest.

Right side chest will be going back, left will be coming forward (incorrect action).

Revolve - adjust right chest to the left chest. Move right to the left - come to the centre.

It is wrong, this tendency to proceed further when you are slightly on the right side.

Watch turn your knee - watch your thigh whether it has turned from inside out.

Move the outer thigh hip region and middle of the thigh slightly into the body so you lengthen the inner leg. The intelligence is only on the outer leg - let that intelligence touch the inner leg.

You are on the outer thigh - come on the inner thigh - the action is on the inner leg.

As I am there on the outer thigh. Yes Geeta exists here on the inner thigh. Yes Geeta exists here. Yes Geeta exists here. Yes Geeta is everywhere! You may call her Geeta but she is there, everywhere. That is how the soul is everywhere.

As you exist on the outer side leg come on the inner. Touch your frontal inner thigh.
Open the side chest - be strong on the left leg.
Inner thigh up - *extend the right hand down* - elongating the right side trunk.

Right arm down - left arm upward.
Be on the inner edge of the thigh - stop there near the ankle - do not proceed further.
Why do I say this? Gururji practised for years this first preliminary asana Uttitha Trikonasana. After years of learning his hand is down and now you want to straight away go down when the body is not allowing you to go. So maintain your palm on the ankle.

Move the frontal right groin, right inner thigh still further forward.
Move the left inner thigh away.
The right whole leg right up to the buttock - the left whole leg right up to the buttock is in contact with you.
Right frontal thigh forward.
Hold the ankle, be in that pose - watching.
Left inner thigh opening up.

Inhale - come up - turn the feet - feet together.

Demonstration: Pregnant woman.

Adjust the distance between the legs. She should not bring any sudden contraction on the abdomen, any gripping. For her a restful pose will be if she takes the left foot further away. Nothing is happening at the sacral area. The frontal pelvic region is tight.

The bottom of the foot doesn't open unless you spread widely. Turning the right thigh out is also a good action for the lower abdominal region. So never lessen the space. For a pregnant woman more space is required. Open the bottom of your thoracic - towards the head side. Open the bottom thoracic - to the top chest side.

You can't just decide, sitting at home, what to teach. It has to be seen where to correct, whom to correct and what points are to be given. It is not a question of one point or to learn an extra point. Spread your legs more and go down. It makes more sense when you see what is meant by spreading your legs apart a bit more and where it leads you. This is an art.

You can't study music sitting in a room without playing or without singing. You can't say "I know music" if you can't sing or you can't play an instrument. What kind of music is that? Then I can't take it for granted that you are a musician. You either sing or play an instrument and show this is the music you know. Yoga has to be known in that manner. It has to be presented. It has to be seen. Singing makes sense when you sing. You know what is coming, what is not coming, how well you sang and how badly you sang. That is like yoga. Yoga is like art. Music also has its science. When you know music, you know the science of music. When I don't know music I can't say I know the science of music. I may read a book about what science says about music but I don't know the science of music unless I know music. What science has said makes sense because I sing or play.

Class - jump out four feet.

Spread apart your legs - adjust with perception the space needed.
Be quick, flexible to adjust your distance between the feet.

Turn your left leg in, right leg out - turn the right foot out.

Turn your left leg in, left foot inside.

The centre of the arch of the left foot and the right heel remain in line.

Keep the centre of the right heel and the middle toe, the third toe on the edge of the mat.

Half of the heel is on the floor - half of the heel is on the mat.

Adjust the inner arch of the left foot over the edge of the mat.

Judge - As if a middle line was drawn between the arch of the left foot and the right heel.

Adjust the whole body to that line.

The whole of the body connected with the bottom of the feet.

Open the chest - bottom of the chest to the top - bottom shouldn't get closed.

Bottom ribs well opened - observe have you charged your left upper arm.

Right holds - it has a prop by holding the ankle.

The left hasn't got a prop to hold - so open.

The left hand has to be charged doubly - more than the bottom one, charge it, charge it.

Charge the left arm and see how the body rotates.

Charging the left arm, come up.

Charge the left arm, don't make it dull.

Turn the feet and jump feet and arms together.

Now repeat the pose charging the arms.

Half the body weight will be lessened if your arms are charged.

Most of you think the arms have nothing to do.

Charge, extend with the arms - find out whether you can bring life or not.

Arms sideways - straight - charge the fingers, knuckles, palms up a bit in line with the shoulders.

Be on the left a bit - don't go to the right - centralize your body.

Don't lean - if you do the right side is shortened.

You are ready for the motion but you are not ready for the action.

Be ready for the action.

Exhale as you go down - elongate the left arm - go with the right hand down.

Right hand to the ankle and left arm straight up.

Charge the left arm - charge the left upper arm, top arm straight, finger knuckles extending.

To release your back - lengthen the right of trunk - don't hold yourself up high.

Move the right shoulder blade in - so the hand extends down - don't be rigid there.

Right inner edge of the shoulder blade should not be rigid.

Right inner edge of the shoulder blade into the body - suck it into the body and release the hand. Right inner edge of the shoulder blade sucking in - see where the hand reaches further.

If you move the shoulder bone into the body and do not go down - the shoulder bone comes forward. But if you move the shoulder blade in and move the right shoulder bone down - along with the arm down you find your position improves.

Top arm straight - charged - move shoulder blade further in.

Top arm should be charged - charging is not just tightening the arm.

Knowledge is there - straight arms tell me if I am loose at the under arm.

Shoulder blade doesn't tell me whether I am projecting or what I am doing.

Stretching the arms tells what is happening in the back.

It is not just stretching the arms.

The stretch of the arm is telling you if the shoulder blade is not coming sufficiently into the body.

Suck the shoulder blade into the body and take the hand down.

The moment the shoulder blades are taken in - you can go - you can proceed.

Build your understanding of the action - have interaction with your body - immediately catch what is happening with the shoulder blades.

When the shoulder blade goes into the body, the arm goes further down, but if the shoulder blade doesn't go into the body, with all your efforts you will remain there.

Now inhale and come up - charging the left arm.

Left foot in - right foot out.

Left inner thigh turned out and right inner thigh turned out - in opposite direction.

The action is the same except one goes in one direction and the other one goes in the other direction - turn the inner thigh.

Inner thigh rotates - inner knee straight.

Come up - turn the feet, jump arms and feet together.

Uttanasana

Spread your legs one foot apart - fold the arms - extend the side trunk - then go down.

Link the key points you have learned in Tadasana - the bottom of the feet don't get crumpled.

Hit the inner edge of the thigh away - so, the back of the thighs open.

Don't join the thigh - see that they go away from each other to release the sides of the trunk.

Head goes down - relax there.

Both sides of the trunk going downwards - release the neck.

Don't tighten your neck - drop the sides of your neck down, like a ripe fruit.

Legs do Tadasana - head remains quiet.

You are not completely tired but the brain has taken in too many things at one time so relax your brain. You have studied, so after studying you have to rest your head.

Keep the crown of the head down but legs firm.

Extend the sides of the trunk - head goes further down.

Release the back of the neck - don't harden, don't tighten.

Inhale and come up.

Uttitha Parsvakonasana

Don't change the basic understanding you have of Trikonasana - the arch of the foot - the inner leg - the thigh. We can then go fast with the explanation and adjustments. When you are bending the leg you understand the alignment because you are keeping the middle of the foot on the edge of the mat. (As in previous asana.)

Bending the right leg, roll the edges of the thigh.

Not just flexing, but keep the Trikonasana leg alignment - turn the inner thigh completely out so the right knee remains facing in the same direction as the foot - not coming forward.

Bend and be in contact with the back of the leg - back trunk.

All of our expressions are from the front. When you talk to people, when you are expressing yourself, it is more from the front. The back is not at all thought of. It is only in yoga that the back is considered as the main body. The front you can see and adjust with your eyes but the back you can't see to adjust. It requires a real travelling of the intelligence to the back.

The outer thigh has to go to the buttock.

So turn the right knee and descend the leg to make a square.

Go down at the root of the thigh.

If the turning root of the thigh is only half hearted - you will not do full heartedly.

If the knee doesn't bend properly, move the root of the thigh - turn the bone.

Take the hand down onto the brick to understand the correct movement.

You have to learn to move the right knee leg from inside - out.

Synchronize the knee hitting back as the outer thigh goes to the buttock and hits in.

Don't be happy with the flexing of the knee if the buttock is projecting back and knee is going forward.

Demonstration - Uttitha Parsvakonasana

The left outer upper arm is not getting stretched as she takes the hand over the head.

The arm can dislocate if it is always being turned out of joint.

It has to be held in so it doesn't get dislocated.

To stretch take the arm forward, up and back in a circular manner so things don't go wrong.

When going to the right if you incorrectly allow the left arm to stay pulled to the left side you are restricting the movement. All the muscles on the left side are extending downwards and that will put a further restriction when you want to extend the arm over the head.

Class doing - Uttitha Parsvakonasana

Bend your right leg.

This is the initial instruction but it doesn't convey the whole idea about bending the knee.

Don't go fast - wait - turn the thigh - bend the knee - rotate the thigh - wait - bend further - rotate - connect your outer thigh to the hip. Make a square.

Turn the inner knee to the outer knee.

Take the right hand down without bringing the bent knee to the front.

The right knee shouldn't come forward.

Use a brick if necessary so your position gets corrected.

When the arm doesn't straighten, over the head - bring the hand forward towards the front then take it back so the arm doesn't go wrong - chest has to open.

Turn the feet and jump arms and feet together.

Parsvottanasana

Jump four foot apart.

Adjust the middle arch of the foot on the edge of the mat so alignment is correct.

You won't go wrong - if you have a line - your mind is there every time.

It is not that the body gets automatically adjusted - you have to work hard - but the line tells you if you are going backward or forward.

Hands on your waist.

Extend the sides of the trunk.

Chest open - open the side chest.

Inner knee straight - lengthen the inner knee - lengthen the inner thigh.

Tadasana should be perfect there.

Left foot in - right leg out.

If you have to widen, widen - then charge your inner left leg.

Left side trunk - completely turning to the right side.

Revolve the left pelvic to the right side - are they in line?

There is a tendency to take the trunk forward - it turns left to right.

Be in the straight position.

Extend the arms and open the side chest - lift the arms upward.
First stretching the right leg / right arm - right armpit lift up to the ceiling
Revolve the left side more - turn the left thigh.
If the body is not allowed to turn to the right - the left outer thigh should turn more.
Turn the left foot in more.
Turn the left side more.

Exhale and take the hands down either side of the right foot.
Finger tips down - raise the head upwards - concave back.
Extend the sides of the trunk forward.
Left leg extending back - left inner thigh moving back more.
Connect the action - left inner leg back - left side of the trunk forward.
Left side of the trunk moving from the pelvic region to the armpit forward.
Floating ribs levelised.
Not the left side floating ribs going upward - and the right side floating ribs going down.
Open the right floating ribs to the right side.
Open the left floating ribs forward to the head side.
To levelise - the right floating ribs move to the right side - left floating ribs move forward toward the head side.
Adjust any tilting - rotate and move the floating ribs.
Open the skin of the right floating ribs more to the right side.
The skin of the left floating ribs moving forward.

Inner legs straight - knees straight.
Shinbones do not shorten.
Head of shinbone on both legs locked so both legs remain in a stable position.
Back leg - left leg - inner leg strong - knee straight.
Spread wider apart if you can't manage.

Take the head down - keeping the abdomen soft.
Left abdomen should remain soft though it gets lengthened - you should not harden it.

Head upward - in order to take your head upward - move the bottom dorsal into the body and move the sternum forward.
Bottom sternum forward - dorsal into the body.
Bottom sternum coming forward towards the chin.

Come on the tips of the fingers - to open the bottom sternum.
Move the sternum forward - see what length you get - maintaining that length - go down.
Maintain that length - see whether you can go down further - closer to the leg.
Inhale - come up - hands on your waist - turn to the centre.

Objectively when you say that you have turned - there has to be a subjective turning. When practising the asana it is an external practice and internal practice. Objectively turning is "I have turned myself" but there is a subjective turning too. You say practising asanas is an external and internal practice. Then somebody says what you practice is something external. Then you get confused. We do asanas as a way of reaching inside. Self-realisation is a process in which you are to be very truthful and very honest. When things don't come, then accept you are not getting it.

rtambhara tatra prajñā (Patanjali Yoga Sutra 1.48). Knowledge has to be ripened with seasoned understanding, seasoned knowledge. Your *prajñā* has to be there. Your *jñāna* has to be there. *rtambhara tatra prajñā* that is what the first chapter says, so all of the process is to reach there. Nobody can say that internal practice is doing meditation and that is real yoga. *rtambhara tatra prajñā* has to be there. You accept everything people say because you

don't reach to the depth to find out what Patanjali says. Compare yourself. You do asanas and somebody closes their eyes to sit quietly and do meditation. Do not easily accept that the person who closes their eyes and just sits there 15 minutes or ½ hour or 1 hour is doing internal practice. The mind has several layers. It is not divided into two parts only - external mind and internal mind or external consciousness and internal consciousness. In simple words the same mind works internally as well as externally. So when it has to work externally we have to find out how much that mind will be internalized; how much consciousness we are able to internalize when we start the body alignment.

For example in Parsvottanasana the inner thigh - when you watch your outer edges of the leg, edge of foot you find everything is perfect and in the line. This attention is fine but have you refined the mind to see whether the inner thigh has come? If you don't refine, then you are not there. You are like a person who doesn't follow what has been instructed and stands unaligned. The mind has not been internalized to look at what has been done. When you do it with all the honesty, you internalize.

In this pose where the mind skips from being attentive is exactly there on the inner thigh. You have to adjust externally but the mind is to look internally. Unless you penetrate doubly on the inner thigh area internalization of the mind cannot take place. One can adjust the outer body objectively but when it comes to subjective adjustment, you have to go inside. To open that inner thigh is not a muscular opening at all. I have to be with it and follow where it is leading. As a teacher if I see that somebody is doing the pose without alignment, without adjustment, with legs not straight - then that person has not penetrated deep into the body. For further penetration, you internalize your attention your brain or your mind. The brain is a psychological organ of the mind. It physiologically functions as an organ. In a gross case you can see, as in the demonstration, where the woman adjusted her eye and became more alert - she changed the brain; it came to that centre line. In your case it is happening, but is not seen as clearly. This changing will occur on the inner edge of the inner thigh when your brain is looking in that centre. You can't waver to look this way or that way. You can't even think of the person next to you because you have to internalize your attention there. So in each asana you go to that point and, if you look there, you work. That is why, in yogic text, they say you can have attention on those areas where there is prana within like in the toes, ankles. There are 16 places. There are your knees, groins, abdomen, navel, heart *anahata chakra*, *vishuddhi chakra* the throat area - there are 16 areas like this in the body. They are called 16 nadis which you will also find in Gururji's book when you read it properly. These are the areas where the energy is stored. If you penetrate that leads towards *Dharana* and *Dhyana* etc. So it is not that someone has to sit and think of the toes; eyes closed and think of the knees - it is inner penetration. If you penetrate, you reach there and there is no other way. If you don't penetrate, your mind is immediately externalizing. The moment you do penetrate, you are in the moment. The moment you don't penetrate, you are out.

Class doing Parsvottanasana

You have turned your trunk to the right side but you are not sure about the navel below. The pelvic area - has it turned?

If you have to have new attention there, you have to create the mind to look there.

The rest of the body turns quickly.

To turn the centre of the pubic plate or the centre of the navel your mind has to penetrate to turn more. You have to internalize your attention.

Take the arms upward - when you take the arms upward there is a wavering in the pubic plate.

The chest doesn't waver too much except when the physical body is stiff.

When you take your arms up you realize the pelvis doesn't rotate from the left to the right. See what attention is needed to rotate from left to right.

The body goes upward and the mind remains alert; you can't allow your mind to escape. The moment you allow it to escape, it is like you are doing Savasana there.



Take your hands down - raise the head up to concave your back.
With the palms down watch - the ribs turn to the side but the pelvis doesn't turn.
You require real rotation and re-attention.
For a re-rotation, you require a new attention - the thighs.
The inner edges of the thighs from knee to anal mouth region - extend up.
Left front thigh hitting the back thigh - front moving to the back.
Left inner thigh moving to the back.
Left inner thigh and skin with the rotation moves to the ceiling.
From right inner knee to inner centre groin, ascend upward - move into the body.
Left inner thigh move back - penetrate there even if you are tired.
A little more penetration and see whether action comes or not.
Don't stop this penetration, the more you penetrate the body gets internalized.

Frontal leg, inner knee to the groin move - exhale and go down.
The inner knee to the groin - move up and go down
Be totally attentive; don't allow the inner thigh to sag.
Don't excuse yourself *rtambhara tatra prajñā* you get ripe knowledge of that inner leg.
Concave the back - inhale and up with the head - then slowly stand up.

There is a key point - if that is right it allows the rest to be corrected. But to reach that area, you have to just go around everything to find out how to reach there. But if I told you at the beginning with the inner root of the thigh stretch you will get everything, it is wrong. That is like thinking you know yoga if you just read Patanjali yoga. You are not going to learn anything because it makes no meaning to you at that time. So, to reach that inner root of the thigh you have to penetrate from outside. Then you have to penetrate that area further to reach everywhere. You come from the outside to the centre and from the centre again you move to the outside to see what is happening. And that should be there, the process of penetration and the process of going in.

Trikonasana, Parsvakonasana, Tadasana, and Parsvottanasana. If you have to understand these 4 postures it may take time. It doesn't matter. Dhyana takes time. It is not just like reading a book and getting something. But if your mind works something is coming - until that nothing will come.

Upavistha Konasana

The reason I have chosen this pose and have not simply gone to Virasana is because I don't know whether everybody's legs are capable of taking the weight when you are tired. But this pose will lead towards it.

Spread your legs apart. Widen the legs according to your capacity.

The inner leg, the outer leg and the bottom of the feet are already doing Tadasana.

Right from skin of the heel, bottom, how you have to extend.

One foot is not in Tadasana because it is tilting to the side.

Keep the inner heel extended - the centre of the heel on the floor - foot in Tadasana.

Open the bottom of the feet and toes.

Centralize your middle toes and extend - adjusting the rest of the leg.

Spread - extend - now with a little more space available go further.

Adjust, find out how the shin works, knees work, thighs work etc.

Open the bottom of the feet - and know how the skin is now touching the mat.

Which portion of the leg is touching the floor?

Which portion of the back leg comes towards you?

Which portion of the back leg goes away from you?

How much are you on the back of the leg on that side - on this side?

As if a line was drawn at the centre back of the leg - release the thigh skin and put it like Tadasana.

Release the skin of the calf if it is crumpled somewhere.

Lift the inner leg and lengthen the outer leg.

Whenever we put our body weight on the legs, the length of the outer leg is more than the length of the inner leg.

You have to lengthen that inner leg which normally shortens.

Draw a line from the centre groin to the heel so the leg further elongates.

Penetrate so the back of the leg is on the floor - opening the inner edge of the thigh.

Use the hands - extend the inner edge of the thigh towards the heels - lengthen the leg.

You have to lengthen - don't just open it - back of the legs down.



Press the hands and raise yourself up - then lowering adjust.

Touch the back of the knees to the ground.

Pressuring the fingers extend the back of the knee - heels extend.

The thick part of the calf muscle move towards the heel - extend, elongate the calf muscle.

If it doesn't come use your fingers to adjust - lengthen - elongate.

If the head of the calf comes towards the hamstrings, it sinks the back of the knee.

Move the calf muscles away and you straighten.

Extend the sides of the trunk - back of the thigh down.

Extend the inner arms straight upward - back of the thigh, head of the femur bone descend.

Extend the sides of the trunk high upward - open the armpit/chest.

Arms up - cut the shoulder blades in - and take the arms higher.

Shoulder blades into the body and take the arms higher with wrist and elbows elongated.

Open the side ribs, move the shoulder blades in, inner upper arms lengthen.

Dandasana - join the feet - legs straight.

In Upavistha Konasana - you lengthened the back of the leg.

In Dandasana - see that inner heels do not shrink - lengthen.

Head of the femur bone in the centre - descending to the floor.

Back of the legs in contact with the floor.

Buttock bone away from the anal mouth.

Watch, look at your thighs - one is going away one is coming closer - you are not in the centre.

When you don't watch you don't know there is a slight tilt.

Hands on the side of the buttocks - lift your chest upward - open the chest.

Move the shoulder blades into the body.

Keep the bottom of the feet well open - extend the inner heel edge - toes well open.

Janu Sirsasana

Sit in Dandasana with right leg bent, left leg straight.

Left inner leg extended - right knee down, right thigh down.

First you have to adjust the right upper thigh - the skin should not get caught - turn it out.

It is correct for beginners that the right foot remains in contact with the left thigh.

In that position, the pressure of the thigh should be backward.

For further opening - open the groin - take the right foot further to the right.

Give space for the right groin to expand.

Extend your left leg - keeping the leg firm - leg straight - toes facing upward.

Hands forward to hook the foot - hold the foot from the side - (don't grip).

Keep the bottom of the foot well open.

At the beginning, your attention should be so nothing gets crumpled at the root of the thigh.

Hold in such a manner that both thighs at the groins remain free.

When you hold, have plenty of scope to move - right leg going backward, left leg extending.

Holding the foot - raise the head upward - raise the side trunk - the side chest upward.

Levelise the shoulders - use straps.

Demonstration in Janu Sirsasana

Be careful - see her outer flexibility is fine, she can hold, she can go down with no problem but there is a constriction, a tension. The body can remain flexible at certain places but at what cost to other places? She is holding (her hands interlocked beyond her foot), but she is hardening in the upper centre chest. Use a strap and make the back concave - head

upward - so that the tension is lessened. Now the clavicles open and the tension in the throat lessened. The throat area is the Vata area. The throat is concerned with the thyroid, breathing etc. If she holds the throat area - constricted - then one day she may complain "I can't breathe" or the thyroid becomes hyperactive or hypoactive. It can be anything. Doing the completed pose there is thickness on her back. She is not very happy in the dorsal region - it is a brooding area. She is holding herself back in the dorsal region and yet she wants to go forward to the future.

I will not say do less but hold with a belt.

Add length using a belt - length to the arms.

Widen the elbows - flex the elbows - extend - go down.

With shoulders wider, she is now free to breathe.

Have freedom on the side of the trunk - the space is given to create opening.

The sternum bone further forward - with chin forward.

To stop the contracting - widen the elbows - extend the side - lengthen the sternum bone towards the chin - elongate the chin.

The dorsal has to become sober.

In her case why the dorsal does not become sober is because the upper centre chest is not ready to go to forward bend.

If she interlocks her hands beyond the foot to do her maximum, her so called "best pose", the throat and top chest area is contracted - there is an upward curve at the armpit/chest. There is dissatisfaction.

There is no quietness.

And in spite of us telling this pose decreases blood pressure and removes the tension, it won't.

There should be evenness - not over-pulling at the cost of something.

She has to open the inner arm, extend the trunk so evenness comes.

If I had to adjust I would stand in front and press my hands on her upper back and say "Be quiet" so she gets quietness.

Class doing Janu Sirsasana

When doing - find out where you are coming up - where you are going down.

Where you are creating the mountain - where you are creating the valley.

Sitting up - bend the right knee - right thigh down.

Left leg straight - back of the thigh should not get crumbled.

This is the first action - with your hand underneath, move your left inner thigh away.

This is a technique - for you to understand straight away.

I am teaching so that you penetrate in the way that it has to come.

Hold the left foot - with the belt or strap - levelize both shoulders.

The foot should not get crumpled anywhere.

The back of the leg - should not get crumbled.

Don't allow the foot to go away from the Tadasana alignment or extension.

The foot should not be tilted.

Extend the sides of the trunk - lift the side ribs upwards.

Exhale as you go down - find out where the tension comes - where you are hardening.

See that both sides of the clavicles are evenly opened - clavicles opening.

Use the strap for this purpose - to teach you - what space you have at the clavicles.

Even if you can easily hold the edges of the foot.

See that the clavicles do not get closed - do not get contracted.

Right side trunk elongating further forward.

Observe whether you have brought sobriety to the shoulder, neck, and trapezius.

Open the side chest - both the shoulders levelised.
Now inhale and come up.

Exhale and go down - hold the foot - widening the upper arms.
The extended leg - the left leg - the foot should be straight.
The small toe normally goes away - move the small toe towards you - as you did in Dandasana and Parsvottanasana.
The outer edge of the thigh - outer calf muscles moving towards the buttock.
The inner edge of the thigh - extending towards the heel.
Left inner leg to the heel elongate forward and towards the front wall.
Left outer leg from the ankle to the outer thigh goes towards back wall.
That is how the energy has to flow.
Linking with Dandasana - outer leg heel to the thigh - inner leg groin to the heel - elongate.

Hold the foot exhale and go down.
When you go down - widen the inner upper arm - elbows to the side.
As you go down see - the throat and the top clavicles remain free of tension.

Linking with Parsvottanasana - the ribs in Parsvottanasana and Janu Sirsasana.
The forward leg side ribs have to go out - on the other side the ribs have to come to the front.
Compare the poses, then you understand the things that have been taught and they will remain well fixed in you.
In Janu Sirsasana - sitting - with the left leg extended forward and right leg bent back.
In Parsvottanasana - standing - with the left leg forward and the right leg back.
In both - what happens when bending?
The right floating ribs are likely to go backward and left floating ribs are likely to go forward.
The right ribs - naturally are coming out - bring them forward.
The left ribs - naturally go tilting inside - they should move out.
Adjust - levelize - by bringing the right ribs to the front.
Do in Janu Sirsasana as you did in Parsvottanasana.
In Parsvottanasana, the back leg is like the Janu Sirsasana bent leg and the forward leg is like the straight leg of Janu Sirsasana.
With the right leg bent - move the left ribs out - they come out and the right ribs come forward.
You have to know the sense of direction.
It is an inner anatomical action - to open the diaphragm.
If the left side ribs goes in - the diaphragm cannot open.
So, move the left ribs out.

You know very well that the navel should come on the thigh.
But it is not the navel coming on the thigh - it is the action of the left ribs going out and the right ribs forward.
While going down it is all the time a rotation.
Rotate and extend forward.

There is a connection with the left upper arm and the left ribs.
If the left elbow gets dropped - the left ribs go in.
Think about why, when you are getting tired, we ask you to lift the rib elbow upward.
It is not just to lift the elbow upward but as the elbow move outward and upward - the ribs move out.
You can learn how to manipulate that region.
Right side floating ribs - forward.
Left side floating ribs - extend and have to come more away.
Left upper arm - open it out.

Elbows should not get dropped.

Left elbow move out - and left side ribs open to the side - as the head goes down.

Right floating ribs going more forward - and how the abdomen turns, the navel turns.

Every time you have to centralise that area - as the ribs are worked.

The head goes down - but no lump on the dorsal back.

Descend the dorsal region into the body.

The head may not touch but dorsal region goes into the body.

Even if the head refuses to touch the shin - take the dorsal region into the body.

Let the head remain there - the chest has to go down.

Inhale and come up.

Left leg straighter.

Outer leg - outer thigh - outer heel - in line.

When bending the right leg - the left is likely to come forward - it is no longer in Dandasana.

The body shifts.

When body shifts - you have to readjust the Dandasana leg in line with the outer thigh.

Right knee - right leg - right thigh down - descend the groin - descend the thigh.

This is why standing poses are important - for all the rotational actions of the knee are most important. If that doesn't come in standing poses, then it won't come here.

Hold the ball of the foot with a belt - first extend the side trunk - head down.

Extend the trunk - right side trunk elongate - left side floating ribs forward - open the chest.

To open the side chest - the upper arm moves to the side - sternum going forward.

Press the bent leg down - stabilise - then move in a diagonal action - from left to the right.

It is a diagonal action - movement - elongate the back skin on the right side.

Bend the elbow - move - the back skin forward.

This is a method to break the stiffness. You have to know where you are holding - it is an inner fear complex. The back trunk has to be absolutely soft when you are moving forward. That is why I used the word sobriety. I told her; her dorsal region had to become sober. It has to become sober, whereas she was making it tough like a tortoise.

Dandasana

The belt is meant for the purpose of keeping the bottom of the feet well opened.

The bottom of the feet should not get crumpled anywhere.

Inner leg straight - inner heels elongating to open the bottom of the feet.

The inner heels should get elongated - all the 10 toes well extended.

Paschimottanasana

Widening the elbows - exhale go down - as you go down - extend the sides of the trunk.

How to become sober at the back?

As the upper arms elongate - the side spinal dorsal muscles become soft - so widen them to the sides like a banana leaf opening.

Do you know what a banana leaf looks like? It happens with city people, they know bananas but they don't know the tree. (laughter)

Flex the elbows - sides of the trunk well open.

The extreme outer corner of the upper arms - move towards the elbow side and see how the side trunk gets space to go down.

Don't resist - from armpit to the elbow - the outer upper arm - widen it to the side.

Go further forward - reach - open and see whether your back becomes soft.

Head and back of the neck soft.

Release the head / back of the neck - the trunk follows the head.

Don't hit your head up - back of the neck, head going to the legs - follow - descend.

Especially those who are stiff - unless you release the head the trunk won't come.

Release the head - trunk goes.

Don't hold your head and neck tight.

Sirsasana

Linking Paschimottanasana with Sirsasana. What Paschimottanasana just taught you is - if you hit the dorsal region back, then you are not sober - when you take it in, you are quiet. So, now in headstand you have to imitate Paschimottanasana - in that manner.

Demonstration – preparing to go into Sirsasana - with feet on the floor and knees up.

The dorsal region skin - has to be completely open to the sides.

With the weight down on the feet and the knees lifted up - the real adjustment begins in the upper arm shoulder area.

Inner upper arm should be up and the shoulders have to be widened.

The dorsal region - should never come back.

That means you keep the length there at the head / neck area.

(Geeta touches the back skull at the hairline / base of the neck to show the bottom skull).

The bottom skull in this case is almost coming upward, causing a locking.

Whereas the bottom skull should be down and the shoulders raised upward so that you are sober.

Staying there in this position is a difficult process. I won't make all of you wait like this but you should know what you are supposed to do. You should know that the bottom skull goes down and the shoulders come upward.

When walking in with the feet in order to go upward - the dorsal region has to be sober (like in Paschimottanasana) - so take it in and then you go upward.

Go up now - with long leg or bent leg, whatever you do - in order to go to the pose.

(How to take the legs up is another teaching.)

As you go upward - the bottom skull is silent - you have to move the inner upper arm upward. The dorsal region should be sober.

The dorsal region should be sober - opened - open the skin area.

That is the key point.

Legs have to be Tadasana legs.

If the attention on the legs is gone - the dorsal region goes back.

Charge the legs - lift upward - redo the charging of Tadasana legs - and that will lead you to correct the dorsal region from going back.

In the beginning I said - learn in Tadasana how to stand on your legs properly and then I will tell you what to do with the chest later.

Class doing Sirsasana

Back of the head should be in the cup of the hands.

The back of the head - touching the cup of the palms.

Join the thumbs.

Elbows facing forward.

Palms and head in close contract - elbows should not go out.

Tadasana legs - move the outer thighs in - head of the femur bone into the body.

Head of the femur bone into the body - means towards the body of the back thigh.

Elbows in, elbows in - outer upper arm facing forward.

Move the front thigh back.
Roll the outer thigh in - turn.
The elbow if it is going out - bring it in.
Turn the outer thighs in - roll - even if it is a tiring process.
All of you have to stretch the back of your legs.

Back of the knee - open well - don't close the back of the knee.
As you have to open your eyes - open the back of the knee - which is like an eye.
Open the back of the knee like an eye - so it gets widened.
You are all narrowing the back of the knee.
Open the back of the knee - from inside out - exactly, the corners of the hamstrings have to be opened.
Corners of the hamstrings - open well - open completely.
The kneecap has to go into the knee and the back of the knees have to open.
Then elongate your calf muscle towards the heel.
Side of the calf muscles towards the heel - be strong there.
Maintain the legs straight - find out whether can you suck the dorsal region into the body - it is not exactly sucking, it spreads - it spreads and gets sucked into the body.
Leg straight - knees firm.
Pay attention just to the legs and knees and the pose comes under control.
If you stretch your knees - if you stretch your thighs - the rest of the things come under control. But if you go wrong there, then everything goes wrong.
Back of the leg well opened.
There is a connection - the knee cap goes into the knee and the back of the leg gets extended upwards towards the heel.
Elongate higher - go up towards the ceiling as much as possible - walk towards the ceiling - go higher.
Now keeping the legs straight - exhale - and slowly come down.

Adho Mukha Virasana

Knees apart - extend the arms forward - head down - so you recover.

Virasana

(*Geeta adjusted a student to sit on a crosswise bolster - with the ankle / shin supported and the feet hanging off the back edge - a rolled blanket under front knee / shin bone.*)

Parvatasana - in Virasana

Interlock the hands - thumbs joined together.
Thumbs joined together - open the armpit/chest - with sternum bone up.
Open the armpit/chest - this is a complex area - tuck the dorsal portion into the body and extend the arms.
Tuck the back dorsal in and move the arms upward.

Linking with the arms in Parsvakonasana. Turn the outer upper arm in and extend the arms.
If you remember in Parsvakonasana with hands over the head - if the upper arm rolls out the pose doesn't come. So I said turn the outer upper arm in and move.
Now - extend the arms straight up parallel to each other, palms facing each other.
Turn the outer upper arm inside and lengthen the inner arm upward.

When interlocking, the position should not change - the upper arm should remain rolled in.
That is where you have to work.

When you do Paryavatasana - the forearm goes out - then obviously the upper arm can turn out. When you extend the arms with the palms facing the upper arm comes in, so there is no chance of dislocating the arm.

When the upper arm rolls in - this can't dislocate the arm.

Rolling out - can tighten the neck - if the neck gets pressurised - then don't throw the head back.

If the neck gets tightened - elongate the arms - when you interlock remember the position of the upper arm - keep it in its place - nothing happens now.

Change the interlock.

If the right little finger was down (on the outside) - now take the left down - repeat the pose.

Extend the arms - elbow joints locked in - extend - upper arm remains in - it doesn't roll out.

Arm remains inside - elbow joint remains locked in - dorsal ribs into the body.

Don't push the floating ribs - lift the floating ribs and move the dorsal ribs in.

Floating ribs up and dorsal ribs into the body.

Parivrtta Virasana

Open top chest - open well - take the hands upward - lift and *stretch the arms upward*.

Turn to the right.

Turn all the way to the right - floating rib side upward.

Head of the femur bone - cutting down.

Take the left hand down underneath the right shin / right thigh.

Right hand on a block behind the buttocks.

Turn to the right.

Left hand against the right thigh - right hand on the block.

Hold with the left hand - the right shin or the right thigh.

Move the chest - move the left floating ribs forward.

Right shoulder back - to open the chest.

Left floating rib coming forward - create space - allow the left floating ribs to come forward.

The left floating ribs got caught as the left hand came forward.

The left hand came forward - but the left side remained back - it has to come forward.

It is not just the left hand reaching - the left side has to come forward.

It is not just a stretching of the arm - the chest has to come.

Let the chest come - move the left floating ribs circularly to the front.

Move circularly to the front - right shoulder back.

Lift the trunk up - sternum up.

Linking with Parsvottanasana.

The left side floating ribs come forward and right side ribs elongate.

Right side lengthen up - move the left side chest forward.

Turn the waist - move the left side chest forward - opening the side ribs.

Right hand back and sternum forward - move the sternum to the front - right shoulder back.

Chest up.

Chest up - if are looking down with the eyes - the chest goes down.

Look upward with the eyes - now move the chest - move the chest to that level.

Move the eyes - open the chest - have freedom - eyes up, chest open - eyes up, chest open.

Each asana can be taught with the eyes. How with the eyes you connect to the whole body.

Lift the chest - eyes up, chest up - eyes up, chest up.

Now maintain the eyes at that level and pump your chest up to the eye level.

Not the eyes - the eyes remain there - chest up.

Lift - the whole chest to the eye level - now see how much it came.

If the eyes go down it is actually taking the brain cells to the tamasic level. Suddenly the tamas comes and you don't know what made you heavy. Open the eyes, the light comes. So, from that tamasic nature you slightly became sattvic. Some illumination came. Otherwise, it is dark.

Sarvangasana

Adjust as you normally do with your blankets - adjust your blankets go to Halasana.
Women menstruating - Setu Bandha Sarvangasana on a brick.

Go to Sarvangasana - palms well adjusted on the back.
Palms supporting the back - ascending the sides of the chest.
Palms supporting the back - lift the sides of the chest upward.
Press the outer upper arm downwards and lift the sides of the chest upward.
Give length to the body from the sides of the chest.
Knees straight - knees should not remain bulging out.
Knees straight - shinbone firm.
Open the sides of the chest.
Looking at your chest - find out from the centre - why does one side of the head go down?
When you look at your chest - that will also tell you - which side of the chest is coming forward.
Which side is going backward - which side is to the front.
When you are supporting with the palms - see whether the dorsal skin has become sober and is able to go into the body.
Make the dorsal skin sober and move it into the body - see how the chest gets well lifted.
Do you know where the whole body gets controlled in Sarvangasana?
You have to control the legs - the inner edges of the knee.
Move the inner knee bone backwards and you get a better pose.
Adjust if the thighs rotate out and the inner knee bone comes to the front (incorrect movement).
Move the inner knee bone back - now see how the body follows.
Turn the outer thighs in and inner knee bone back - penetrate.
Penetrate the knees back - that means from groin to the inner edge of the knee - you should be in one straight line - move the inner knee back - the whole body ascends upwards.
Lift your chest upward.
If you don't understand the knee work - extend from the ankle bone to inner heel back - back to the back wall.
From the ankle to the heel - to the back wall - that makes the knee bone go back - and then you know how the legs get adjusted.
Now maintaining the leg stretch - you have to just lift the body upward and that gives a better Sarvangasana.
Because the inner knee is likely to go forward - so move it back - heel also back.
Maintaining that steadiness - now lift that chest upward.
Whenever we say lift the chest - you (wrongly) pump your thighs forward in Sarvangasana.
Don't pump your thighs forward in Sarvangasana.
Retain the inner knee and inner ankle - back - and pump your chest forward.
Inner knee back - inner knee and inner ankle back - and chest forward.
Don't throw the legs back - they go up.

Halasana

Exhale and go to Halasana - legs and feet apart - feet one foot apart.
Open the back of the legs.
Inner knee bone - up higher.

Move inner knee bone upward and as the bone goes upward - the inner edges of the thighs should come up higher.

(*Geeta adjusted a student* - Each foot on a brick - press the toes down - keep the toes pressing down - and now move the shin up. I press the heel and you have to lift - this is how you have to work. Lift - lift.)



Keeping the legs one foot apart - as inner edges of the knees go up - you have to know how to have synchronisation.

Feet one foot apart - inner edge of the knee up - outer femur bone higher upward.

The outer femur bone - which is nearer to your buttocks - which is nearer to your waist.

Lift that up - go up there - see now - move that outer thigh / femur bone up.

Up - away from the eyes - you are looking at that area.

Open your eyes - look at your thighs.

You are able to look at the outer thighs - which is closer to your eyes? Right. With eyes open lift that right thigh upward - let it go away from the eyes - let it go away from your eyes - see how much it goes up - and life comes.

Now exhale and slowly come down.



GENERAL CLASS - PRANAYAMA

(From Savasana)

Slowly open your eyes.

Turn to the right - get up from the right side.

Sit straight.

Fold the palms in front of your chest.

Keep your back erect, keep your neck erect as you lift your anterior spine upward.

Keep your sides of the neck in an extended state.

The palms folded exactly in front of your chest.

Press the palms firmly on each other - so your attention comes towards the centre of the chest.

Keep the eyes completely closed - look within.

Allow the breathing to become smooth, soft and quiet.

Draw the eardrums in.

As everything from the head area recedes - the brain cells, the eyes and the ears - see in which way your mind gets tied to the centre of the chest.

Salute from the head towards the centre chest. - The Lord exists within that area.

Invocation to Lord Patanjali

Salute the Lord within and bow down to the Lord Patanjali, then release the hands down.

How many of you are accustomed to practising pranayama? Raise your hand up. How many of you are really practising. May I know? (Show of hands) We can definitely begin even if there is a limit somewhere.

When it comes to pranayama one cannot just start practising. The teacher should know that the pupil is fit enough to do pranayama. In olden days, the students stayed with their teachers. The teacher knew what they were practising and how they were doing. Then when the time was right, they would start teaching pranayama.

In ancient times, teachers used to demand from the pupils 'Show this, do this' then the next lesson would be taught. But now things have changed so much - it is the other way round. The pupils themselves demand "Teach us this, teach us that". If one teacher doesn't teach that, then they go to another teacher. They think that if this teacher is not teaching that and some other teacher is, they will go there. But, as far as the pranayama is concerned, that is definitely not the right way. That is why I asked the question 'How many of you are accustomed to pranayama and how many of you are *really* practising?' So, I understand what exactly has to be taught because one cannot jump as far as pranayama is concerned.

Some of you may just want to have a trial in this pranayama class. You may do one day with great enthusiasm. You may do whatever I ask you to do or teach you. In pranayama it is not just a question of your chest etc but your nerves. In pranayama, you can't exert your nervous system. There is a limitation there. When it is a question of asana, it doesn't matter. We are accustomed to our own body as far as the muscles, the bones etc are concerned. That is why the penetration is easier. But when it comes to pranayama, it is something to do with vital inner energy. It is not just a question of breathing because all of us breathe and will be breathing up till our last breath.

The question of the breath with which we breathe is - how far are we able to take it towards the vital, inner, organic body and how do we levelise or distribute this energy in such a manner that the nerves inside do not get disturbed. The question arises about capability. How much are your lungs, the respiratory organs acclimatised to the pranayamic methods. Unless I know the standard of the pupils, it is not possible to give.

Since many of you haven't done much (as only a few have raised their hands) or, even if you have raised your hands you are not doing it regularly, I will teach you today to that point where the interest may come and you may start practising. Come just a little closer and be seated nearby. You won't be able to see from the far away.

We have varieties of asanas. In each asana, you have many movements. You learn; you understand how each and every part of the body works. But unfortunately in pranayama we have only three basics - inhalation, exhalation and retention. You may have different combinations, yet there is only - inhalation, exhalation and retention.

Asanas are the base for pranayama because whenever you are doing the asanas and whenever you are introduced to new movements your awareness goes further - deeper inside. You realise that where you were not touching, feeling or going, you can go. You can reach. That becomes the base for pranayama. Why? Because your vital energy exists everywhere in the body but it cannot spread well or it doesn't flow unless you practice the asanas. It gets blocked wherever your attention doesn't go. Pranayama is practiced in a static position. In that static position you are supposed to take the same energy everywhere.

In asanas, I said that with certain actions you go from the external and to the internal. Then after getting internalised you again go out, which we may call, externalise. It doesn't mean exactly externalisation but in the known area, it spreads. In a similar manner in pranayama you have to get, yourself internalised; your consciousness has to be sharper than in the practice of asanas. Internalisation in pranayama is such that it takes you somewhere deep into in your inner being where the nerves are interconnecting you with your inner being. That is why pranayama is difficult for when a person begins to penetrate deeper inside one needs a strong energy.

For example today in Parsvottanasana with the stretch to the inner thighs - you could do other adjustments, even for fifteen minutes, but when it came to that sharp area from within, you couldn't stay more than even three or four seconds. Similarly, when you do pranayama if the breath or the energy behind that breath - bio energy - reaches somewhere deep inside it is very hard to face. It makes you sometimes so silent within it creates a sort of feeling that you are absolutely out of this external world. That is why unless one has got nerve strength it cannot be done. That is why when a beginner comes and is enthusiastic still we can't proceed further unless that capacity is there.

You have to get yourself introduced to your own inhalation and exhalation - that inhalation and exhalation which continuously goes on. You have to see your own breath. You have to look at your breath, which includes all the movements from within and from there pranayama begins. So, even if it is a monotonous job, one should not get tired or bored with just looking and adjusting. This boredom and tiredness go together. When you are bored, you get tired. You have to mentally get yourself prepared. There are no varieties. There might be types of pranayama. That's a different matter. But still they are basically connected with the inhalation, exhalation and retention. That is why your first duty is to watch what inhalations are, what exhalations are and further what retentions are.

Secondly, one can't demand. In Pranayama, the feeling of failure comes because you expect a lot and you get only a little. The reason is that you can't really respond, as you would expect to from within. A teacher can demand from you in asana practice "Do this, do that". But in pranayama that demand cannot be there because you are dealing with the vital parts of the body, vital organs like lungs or diaphragm, your brain, your nerves. You have to accept pranayama at that level. And every time, a teacher has to see how far a person is capable of doing.

If the asanas are at an elementary level, pranayama is lower than elementary. That is how one has to start. If you keep on watching what happens during your inhalation and exhalation, you will know that interest develops from there. You will try to find that small way where you just begin to watch your inhalation and exhalation breath.

I will teach first sitting and then we will do Savasana. You will be doing some pranayama in the sitting posture. You know the breathing doesn't become smooth unless the sitting posture is correct. The meaning of asana is sitting with that stability. So one has to learn.

In Tadasana, unless you accurately place each portion of the body the other asanas will not come. The other asanas become more meaningful to you the more you understand about Tadasana. Tadasana gives *jnana*. Just sitting simply in a correct position doing normal breathing gives *jnana* to develop further. If this base is understood it is easier to proceed further. Otherwise, if I just ask you to do something, you still say "This not pranayama. I want to do something more". You are supposed to observe the basic elementary movements which are occurring within; from where we begin to feel the breath.

Demonstration - Swastikasana - simple crossed legs.

Sitting on one level with no support -

The right thigh rests on the left heel region and left on right.

Just simply sitting like this flat on the floor -

There is no freedom in abdominal region etc.

When lifting from the back, only a certain portion of the spine moves upward (dorsal/thoracic), the rest of the spine doesn't move.

It stops somewhere - it cannot proceed - the lift gets stuck.

You don't find the movement occurring from the lumbar region.

I have to move from the sacrum region. It has to be lifted further upward.

Sitting with the buttocks raised upward on a folded blanket - that lift is quite different.

When you sit like that, you can lift the bottom region of the spine to go higher upward.

You have to know where the source of extension around the spine exists.

In positioning the body, there are certain areas which have to be kept in a relaxed state - and certain areas which have to be kept absolutely alert and in a lifted state.

I can't just say "All of you have a blanket underneath the buttocks and sit straight".

It doesn't have any meaning - you have to know the methods and ways of doing.

Find out in which way the support is needed so that the spine doesn't collapse.

You have to search for any imbalances within your body.

Unless you know the base - you will not know why you should use support.

When beginners sit higher *with a blanket underneath the buttocks* and the thighs are tense - obviously, after a while, they will relax the thighs and collapse.

A droppage occurs in the body.

Then they again tense their thighs to extend further, to move from the lower spine.

In order to remove this tension they need support under the thighs.

So when they move - the thighs are down on the support and the spine is up.

The use of different support depends on what is bothering you.

You have to sit in the correct way according to your capacity.

If there is ankle pain, knee pain or cramps - use the right blanket support to bring comfort.

If weight on the foot is not bearable - use blanket support between the foot and the shin.

If you need to sit on 2 blankets - but at the same time, the legs are sliding down - you are likely to lean forward. So then, you require the blanket support between the upper and lower leg. You are not supposed to come forward or backward.

When the legs are crossed and *the feet are taken well under the thighs* - the feet can feel compressed - it is knotted leg. This is also different Swastikasana.
When the knees are closer and the feet come inside - it doesn't slip.
But when it is knotted and it is hurting in the ankle area - do another way.
Don't have the feet inside under the thigh - keep the feet under knees or feet further forward - *toes facing forward - ankles extend out to the heels - soles of the feet facing to the side*.
The ankle region is out so that it doesn't hurt - you have a broad base.
Use this position for people, who complain of cramps in the back of the thighs.
This position is also for those who sit for awhile and then suddenly get cramps.
By sitting this way they are not likely to get cramps because the foot is forward giving a broad base and they can sit with lifted trunk.
For some to move the ankle slightly forward - it is much easier.
The blanket can be fixed between knee and ankle - it doesn't need to be too high.
This way of sitting helps if the back of the thigh is crumpled and you feel hardness in the lower portion of the trunk.
Know that this is the region which should never be hard for pranayama.

The buttock bones are away - the buttocks should not get caught near the anal mouth.
Release both buttocks out evenly.
With the hands - move the right buttock away from the anal mouth region - left buttock away from the anal mouth region towards the left side - so there is balance.

Sit high enough so you find you have a good lift to the lower abdominal region.
Use support so nothing gets dropped.
Observe - the raising of the sides of the trunk - opening the chest.
Sit erect - lower back upward.
The area of the sacrum region - should never get collapsed downwards.
You have to ascend upwards so you get freedom at the frontal chest.
Place the palms (facing up) on your thighs - palms in a restful state.
The inner upper arm elongates towards the elbow side.
Don't sit with the elbows jutting out.
Don't extend the arms so the wrists are hooked over knees.

Sit so the back remains in an extended state - it is not to come forward when your attention is following the inhalation and exhalation.
From the right and left side floating ribs to the armpit must ascend.
Don't cover the chest with the arms.
Extend the arms at shoulder height - out to the sides.
[Connect this with the morning's asana teaching - so you could open your chest and when you brought your arms down to the sides - the level changed.]
Know in which way the chest has to be opened, otherwise it remains in a closed position.

You have to be flexible whenever I am instructing you.
If extra blankets are not available use bricks, bolsters, rolled mats etc so you sit raised upward - properly and in a comfortable position.
Sit a little higher if your knees are not going down - if you are quite stiff there.
Use a bolster or extra blanket and raise the trunk up - the thighs receding and the spine ascending.
These actions should be very clear to you.
The first movement - is that the thighs recede and the spine goes upward.
That is why you sit higher and then again support your knees.
The support for the sitting posture cannot be the same for everyone.
For those who can't sit down on the floor. Sit on a chair - *sit back to front in the chair*.
Turn the chair so the back of the chair faces the front of the room.
Then sit inside the chair so the front body facing the backrest of the chair (facing forward).

Or sit against the wall high on a crossways bolster - well supported.

You should be able to sit at least for a while to know how you are breathing.

This is why you have to adjust your seat for pranayama.

You can't just limit and say; "I will only sit for five minutes".

In that five minutes you are not going to touch anything.

You require time to adjust your sitting and then proceed with pranayama.

Class

Start with the regular rectangle folded blankets - the corners adjusted well.

Then fold the blanket - double fold.

1. In the regular way - in half then half again in the opposition direction.

2. In the broad way - in half then half again but in the same direction.

You can have a broad base, which won't be slippery.

This is also an art - 'to fold the blankets in a different style for different asanas'. If I were in some western countries perhaps, a book would come "How to fold the blankets". (Laughter)

Sit erect - lift the spine upward.

The palms in a receding state - in a restful state.

First - get acclimatised to your own breath.

You have to know your breath.

You have to find out if you are keeping yourself silent when you inhaling and exhaling.

Do not try at first to over-act with your own body.

First, see what is coming. Then see where you need a real action.

Keeping the palms in a passive state - bring the head down from the nape of the neck.

From the nape of the neck allow it to go downward.

The chin has to be brought down - your forehead, the upper eyelids, your cheekbones.

When the head is going down the chest has to go upward.

Maintain the lift on the sides of the chest and bring your head down from the nape of the neck.

The temples - eyebrows - quiet.

Raise your head upward. - Sitting straight.

Demonstration

When you don't get the backbendings or forward bending you immediately say 'I am stiff, what am I to do?'

When you bring your head down if there is stiffness and the head is not going downward - what are you supposed to do to bring the head down?

Firstly, with the head down we calm down and quieten.

One has to bother about bringing the head down in Pranayama.

In the sitting posture, you cannot attempt pranayama unless you have Jalandhara Bandha.

You cannot just sit with your head straight and do pranayama - because you will be pushing your whole force of pranic energy upward towards the head.

Bring the head down from the nape of the neck.

If the sides of the neck put a limit on the movement of the head - don't hold the neck hard.

Extend the back of the neck from the nape and then bring the head down.

If you are in a very bad condition and there is little movement or if, the chin lock is hard -

Roll a handkerchief, bandage, or use something like a rolled belt, handkerchief, anything and place it under the chin as a support - so you hold the position and don't jam the neck.

You take your chin down - but lift your chest upward.

Watch the movement during the inhalation.

Keep the sides of the chest open - head down - inhale.

The position of the chest is lifted - open.

Head down - adjust so that during inhalation it doesn't go up.

This is a basic and very common fault - head goes up while inhaling and down while exhaling.

This kind of movement should not occur.

It means you are not stable - you are just creating the movement.

To bring the head down from the nape of the neck you have to see that the top area of the chest is lifted upward and your head comes down.

In the beginning stage, you just have to watch.

When the head comes downward - you have to watch your chest - the bottom region - the rib region - bottom rib edge and the floating rib edge.

You have to search yourself to see where the bottom rib edges are.

Maintain that rib edge free - to create space for the diaphragm.

The diaphragm will be moving up and down.

Observe - have you created space for the diaphragm or not.

If there is a slight collapse that means the bottom chest has dropped - and obviously there won't be free movement of the diaphragm.

If the diaphragm doesn't move freely - the breathing gets hampered.

Two things to observe.

When sitting erect with the head straight -

The weight of the head is not so much on the chest -

The bottom chest region can go upward and the diaphragm ends can become free.

But the moment the head comes down the diaphragm ends drop.

But when you keep your head upward - you get the freedom.

When sitting erect - with head down -

Be in contact with the bottom chest region.

Work in such a manner so that the rib corners remain lifted as the head comes down.

The floating rib corners lift.

Maintain that state and do the breathing.

When you maintain that lift of the chest - the whole position of the chest differs.

If you don't pay attention to it - you collapse - everything gets dropped.

The sitting posture has to be adjusted.

Watch how the floating rib edges - the bottom rib edges - are clearly felt by you.

So, you know your diaphragmatic movement.

In normal breathing, this movement is not so clear.

When you sit and watch the normal breathing, specially the normal inhalation -

If you are dropping inside - it doesn't happen in the upper chest first - the base gets dropped.

That means bottom collapses, so top comes down.

In normal breathing the whole body moves, the position keeps on changing.

This process will be occurring all the time within you.

In pranayama, when we say "Concentrate on normal breathing", what we mean exactly is that your normal breath should be such that you don't allow your body to collapse.

With the normal breath - find out whether you can maintain the lift of the chest.

Move the bottom rib edges upward.

Do you understand the difference?

It is not normal breathing where your chest collapses - please don't do that.

Connect this to the deep breath.

From this base now you build up for the deep inhalation/exhalation.
At the sides and the base of the chest - enhance the movement a bit. So, the action becomes clear.
Now watch the inhalation - the breath is full, deep.
If the base is open, automatically the breath becomes deep.
Make the deep breath slightly more - like a blooming flower;
Like a bud in its early state - and that same bud opens like a flower.
See that normal breathing which is just like a bud - can it open further like a flower.
There is a difference between both the breaths, but still it is confined to the base region.
When this awareness gets built up that reflects on the rest of the body.

To proceed - see the lift of the chest - see the new movement upwards.
This is concerned with the front region.
The same intelligence has to be taken to the sides.
Do a few cycles to find out where the breath hasn't touched.
Where the breath has remained below that area - where the breath hasn't reached.
The feeling comes to the armpit region.
You cannot just pull the breath.
Otherwise, in deep breathing, nothing happens - because you just pull the breath the chest doesn't receive the breath.
Now since I know that it hasn't yet touched the armpit region - I try to take the breath there - so the lift is coming.

In Ujjayi cycles, you have varieties of breath where you can touch different areas of the body.

Class doing

Please remove the specs. Don't use the specs on the eyes. Keep them so that nobody stands on them.
I won't speak again about the legs. It is for you to adjust.

Keep the clavicles slightly broad.
Watch - the bottom thoracic chest, the pelvic region and the clavicles.
Watch - all these three.
Move the bottom ribs to the side - shoulders widen to the side.
See that the bottom rib and the clavicles remain absolutely parallel to each other.
Head in the centre - do not tilt the head.
Keeping your eyes, temples quiet - bring your head down from the nape of the neck.

Keep your head down from the base of the neck - nape of the neck, going downwards.
Move the shoulders back.
Shoulders rolled back - put your palms on the thighs.
If the palms are heavy - turn the palms down.
Otherwise, palms facing the ceiling.
Thumbs passive.
Upper arms slightly back from the sides of the chest.

Eyes closed.
Pupils of the eyes closed.
The upper eyelids completely closed.

A slow, soft inhalation - with the abdomen and sides of the navel soft.
First - your attention should reach the bottom region of the thoracic area - so you first quieten your abdominal region.

The area below the bottom rib region - the abdominal region - has to quieten.
When you quieten, you know your exhalation breath gradually becomes narrower there.
Observe that.
When it becomes narrower - your chest should not collapse.
You have to maintain the lift of the chest.

Then after two or three normal breaths -
A slow, soft inhalation -
Enhance that action of normal breath slightly more - with the opening of the chest.
A slow, soft inhalation - with the side chest open.
Since you are not getting the movement adjust the bottom rib edge - project it slightly to the front and side.
A slow, soft inhalation - maintaining that open base.
Slowly exhale so that the body doesn't collapse at once.
A slow soft inhalation - with head down.
Throat passive.

Normal breathing -
So again you relax the centre diaphragm - it is exactly at the centre of the diaphragm which gets quieter.

Students being adjusted

The moment the teachers touch you - to make your back erect or to open your chest - your breathing changes.
Observe that.
Then it makes sense - if your posture is correct the breathing becomes much smoother.
Otherwise, it is not smooth.

A slow soft inhalation - arms quiet.
A slow, soft deep inhalation - both the bottom rib edges opening like the wings of the bird to the sides.
Maintain that lift - slowly exhale so the bottom rib edges do not come closer at once.
The caliper-like opening should not get closed straight away.
See that you maintain that opening and slowly bring it down.

Switch over to the normal breathing so that you don't feel the exhaustion there.
The diaphragm isn't supposed to have exhaustion.

A slow soft, deep inhalation -
Opening the sides of the chest -
Broadening the bottom rib edges - widen them.
See how much the space has been created - from inside mark that space and see how much the broadening has come.
Base should be broad - bottom chest base should be broader than the top one.
Then slowly exhale.

Normal breathing -
Roof of the nose down.
Tongue passive, resting on the lower palate.

A slow soft exhalation - a slow, soft, deep inhalation -
Find out from within which portion of the chest the breath has not yet touched.
As you proceed further with the deep breath you have to reach those areas.
Find out where you have touched with the breath - nearer the armpit or the middle of the chest - bottom of the breast - bottom nipple region.

A deep inhalation -

Bottom breast region - armpit region - the breath has to flow like a fountain.

You have seen how a fountain flows in all the directions.

Your breath also has to reach in all the directions.

A slow soft, exhalation -

With throat and tongue passive.

Temples passive.

Those who are holding the corners of the lips hard, please relax there.

Cheeks down.

Tongue resting on the lower palate.

Cheeks descending.

The corners of the lips passive.

Watch your inhalation more.

Don't puff the abdomen.

Don't puff - don't push it inside.

You have to create space between the abdomen and thoracic.

Watch - the more you give movement to the thoracic - the abdomen is quietened.

If you lift the thoracic rib region - the rib box - away from the abdomen your movement is better.

Slowly exhale.

A deep inhalation - a slow soft deep inhalation.

The bottom rib edges have to go upward - create space as it comes away from the abdomen. Move it from the abdomen.

Now slowly exhale.

Throat passive - tongue passive.

Normal breathing with abdomen soft - pacify that region.

Slowly exhale.

Now have a deep inhalation - the side corners of the bottom rib edges you have to lift upward.

See whether the breath can reach up to the armpit region at the back.

Raise your head upward.

Now the second clue.

The bottom rib edge is the portion, when you are sitting, that has to get the length.

If you are dropping the bottom rib edge your breath goes wrong.

Slightly open that region and your breathing changes.

Especially for the beginner - the inhalation has to change more than the exhalation.

If the inhalation becomes a little better the exhalation comes better.

You know then how the exhalation can be improved.

But if you fail in the inhalation - the exhalation won't come.

Open the bottom rib region.

Place your fingertips to touch the points at the sides of the bottom rib edges.

Sometimes you have to search where the ribs are.

Lift that portion.

Don't press - but just keep the fingers touching exactly the bottom rib edge - so you know whether it is moving or not.

When you inhale the bottom rib edges that area has to go up to create space - to create length.

You have to maintain that and slowly exhale so the bottom region doesn't get collapsed.

Head down - observe.

Inhale - and lift that bottom rib edge up - lift it higher.

Now slowly exhale without dropping that.

Let the bottom rib edge have full clarity in its movement.

With your fingers, search this movement -

See whether the movement is like calipers lifting and opening the bottom rib edge.

See how much it brings action on the rest of the chest.

Now one more action to add - to proceed -

Sitting - with your arms extended out to the sides - parallel to floor - Lengthen.

Bring the head down with arms out to the side.

When your hands are down you don't move the armpit chest.

With the arms extended out to the sides - the sides of the chest get opened further.

Slightly roll the upper arm back.

Move the armpit chest to the front.

Open the bottom rib region as well as the armpit chest region.

Get the action of inhalation.

Get used to the actions of inhalation.

Now lift from the bottom ribs up to armpit.

People who can't walk use crutches. They use crutches under the arms to walk.

The inhalation breath should support you like a crutch on each side.

Lift the bottom rib edge up - deep inhalation take in - and reach up to the armpit chest.

Deep inhalation - and go up to the armpit chest.

See whether you are erect at the armpit region - opening the skin fibre to the side.

Lift that armpit area as if you have two crutches - then slowly exhale without dropping it.

Take your hands on the thighs - palms on the thighs but don't drop the armpit chest.

Lift - don't drop the armpit chest - lift.

Maintain that lift - life is coming there.

Continue with that life which has come in the armpit chest.

Move the shoulders back and tuck the shoulder blade in.

The arms slightly behind the level of the armpit chest - side chest coming forward.

Slowly exhale -

Deep inhalation - opening the armpit chest to the front.

Shoulders back.

Moving shoulders back - move the shoulder blades in - open the chest forward.

A slow - soft - deep inhalation.

Don't fight with the breath.

With each breath - you have to learn where movements are occurring.

Do not fight with the breath otherwise the breath will kill you. You can't fight with the breath.

That is why it is said 'tame the breath as you tame the lions or elephants' otherwise they will be the killers. The lion will jump on you if you don't tame it properly. So too the breath will jump on you. Don't allow the breath to jump. A slow, soft, deep inhalation, opening the armpit chest. Maintain that lift and slowly exhale. Raise your head upward.

Keep the hands cup shaped with the fingertips domed on the floor beside the thighs.

This is another method, another approach to open the chest - to know where it is getting stuck.

The third point to concentrate on is the sternum bone.

You have watched and opened the bottom rib region and the armpit chest region.

When you open and lift the sternum plate there is a coiling action for the armpit to come forward.

The lift to the armpit chest - the lifting of the sternum - and the lift of the bottom rib - all have to be synchronised.

You keep your hands - your palms on the side - see that you move the sides of the chest.

Open the side chest.

Don't rest your palms - use cup shaped fingers - to give a lift to the chest.

Bring your head down. When you are inhaling - lift the sternum up - inhale.

Maintain the lift of the sternum - exhale.

Move the shoulders back.

Shoulder blade into the body.

Bring your head down from the nape of the neck - with side chest in a lifted position.

Your palms are a kind of support - like calipers.

Now deep inhalation - take in.

See whether the breath is touching evenly on both sides.

You will know the movement is more if on one side - the movement is less on the other side.

Open that region on the side where the movement is less.

Head down -

Maintaining the lift of the chest - slowly exhale.

Because of the palm support your exhalation breath doesn't come fast since the intercostal muscles hold you up to a great extent.

Slowly exhale.

Slow, soft, deep inhalation - opening the side chest.

Roll the shoulders back.

Have in your view - the bottom rib edges, armpit, and sternum.

You should be able to look at all these three areas.

Slowly exhale.

The awareness has to spread now.

In the beginning - the awareness was short at the abdominal region.

Now that same awareness has to reach every corner. Slowly exhale.

Now one more cycle like that.

A slow, soft, deep inhalation -

Opening the armpit - sternum up - head down.

Then slow, quiet exhalation.

Now raise your head upward.

So even if you do five or six cycles that is enough. It doesn't need too much. Only it takes time. To reach those six cycles it takes time because you have to approach from zero. It took time for you to open each area.

You have learnt today how to keep the thoracic box in its position so that it doesn't collapse.

First, learn with the inhalation - exhalation is the next part.

Pranayama cannot be taught any other way - a little has to be learnt and understood.

There is no other way.

Now tomorrow if you sit and you say 'Oh Geeta said here, Geeta said here, Geeta said here. Let me just do'. It won't come. The lion will jump on you! Hatha Yoga Pradipika says tame

the breath because it is just like a lion or elephant. As you have to tame wild animals also the breath - being wild in its nature it has to be tamed very carefully. If you are just rough with these animals they will be doubly rough with you. So, you have to cajole them sometimes. That's why the trainer always comes closer to the animals. Every time massaging their back so that the animal listens to them. Similarly, you have to first see what your breath is doing. Whether it is calm, whether it is quiet, and then you have to train further.

Supported Savasana - Lie down.

2 blankets pleated into 3 lengthwise - 1 folded into 4 under the head.

Cover the eyes with a bandage so the outer light doesn't bother you. Use whatever you have handkerchief, napkin, belt.

Very carefully adjust.

Arms relaxed.

Roll the shoulders back.

Move the shoulder blade into the body and keep your arms at the sides.

Let go with the feet - let go with the thighs.

Drop your feet.

The head should not be tilted.

Let go everywhere.

Temples passive.

The forehead receding.

Drop the lower jaw region downwards - tongue resting on the lower palate.

Your jaw should be resting downwards.

The tongue resting on that lower jaw - don't hit your tongue towards the upper palate.

A slow soft exhalation -

When you lie down in the supine position the length of the upper abdominal region increases.

The bottom thoracic chest is lifted upward on the support - the rest of the abdomen is receding downwards.

Now - watch that space (as you did in the sitting posture).

The abdomen from the thoracic level - descending and receding down.

The bottom thoracic - slightly away from the abdominal region - let there be space.

If you are not getting that space - you have to slightly move at the back.

The shoulder blades move into the body.

At the back - the bottom shoulder blade edges have to be sucked into the body.

If you suck the bottom shoulder blade edges into the body - the chest comes higher upward.

This demarcates the thoracic end from the abdominal end.

The three things which I taught you in the sittings - you will be doing in Savasana position.

A slow, soft exhalation -

Where you pacify the abdomen - sides of the navel.

The abdomen receding with the exhalation.

The skin fibre - absolutely soft on both the corners.

Now slowly inhale -

Where you first open the bottom rib region like calipers on both the sides.

Both the sides of the chest at the bottom should open to the side so you create space.

You create a vast space there.

A slow, soft inhalation - opening the chest.

When it limits your movements don't go aggressively otherwise, your Savasana will be disturbed.

Your Savasana gets disturbed if you suddenly hit your top chest.

A slow, soft exhalation.

Abdomen becomes passive.

Normal breathing - have the space between the thoracic and the abdomen.

Nostrils passive - free from tension.

Inner corners of the eyes going deep into the back of the head.

Keep your pupils soft - slightly in a dilated state.

Don't create any kind of hardness because whenever you work with the chest the eyes are likely to become hard or tight from inside.

A slow, quiet exhalation.

Now next breath -

Slow, soft inhalation where the bottom rib region has to get broadened gradually to the sides.

Slowly inhale - watch where this movement leads you.

At the beginning it has gone to a certain level - at the bottom chest.

Then with the second breath or third breath it proceeds further.

See how it fans the spark from within.

Maintaining that lift, slowly exhale.

Normal breathing so the abdomen is separated from the thoracic region.

The abdomen descends a bit further down.

When the tension gets lessened - you find the abdomen receding further down.

Allow it to go down.

A slow, soft exhalation.

Slowly inhale - opening the armpit chest - the side ribs.

A slow, soft, deep inhalation - the bottom ribs opening.

Now see whether the area below the nipple region - that middle rib region - can be lifted up higher. Because it is a thick area and it has to come up.

A deep inhalation.

Your breath is facing the frontal inner ribs, frontal middle rib area, from inside. It is like when somebody is taking your picture you face the camera. In a similar manner, your inhalation breath has to face the middle chest rib - the area that is below the nipple region.

See whether the inhalation breath can form a kind of band around that area (as you put a hair-band around an area of hair). In a similar manner, your inhalation breath should be like a band around that bottom breast region, bottom nipple region, so you find that area is completely aerated.

Maintaining that lift, slowly exhale.

Normal soft, quiet breathing -

With temples quiet - eyebrows quiet - the forehead receding.

With the normal breath you have to first recover yourself to a great extent.

Throat passive.

Now we come to the last portion of the Ujjayi inhalation.

On the next inhalation - with the abdomen soft - as you proceed from bottom chest, see that at the end of that inhalation you open your armpit region rolling the shoulders back.

The top region of the chest is then in a broad position.

Now slowly exhale.

Inhale - right side chest - left side chest.

The breath starts from the middle of the right side of the bottom chest - middle of the left side of the bottom chest - opening the diaphragm like a parachute opens.

Inhale - open the diaphragm like an umbrella.

Like a parachute opens in all corners - inhale in that manner - broadening to the side.

Go to the top chest - where the shoulders roll back - and shoulder blade moves in.

Slowly exhale so the eyes - head - do not tilt.

Palms free from the tension.

Wrists free from the tension.

Relax the cheeks.

Relax the eyebrows - the forehead - temples.

(*Geeta to photographer*) If you had taken photos of their chest, they would know how the chest was at the beginning and the position of their chest now. With that much improvement that means they learn something.

The last cycle remains. So, recover for that. Let go everywhere.

Slowly exhale - with soft abdomen. Find out yourself.

Slowly inhale - as though a moving stream.

A stream of the breath from the right side.

A stream of the breath from the left side.

As you divide your chest into two parts - right going to the right and left going to the left - at the same time reaching to the top.

Maintaining that lift at the top chest - slowly exhale.

The lifted chest doesn't come down. It remains firm there - and the exhalation breath gradually begins to get released from that grip.

Slowly exhale.

Normal breathing.

Let go yourself with the arms, let go yourself with the thighs.

Don't open the mouth.

Keep your tongue resting on the lower palate.

Gradually allow the breath to get settled.

You find that you can't do the normal breath at once.

If the range of the movement of the breath has changed you can't bring it to the normal straight away. Gradually find the movement of the chest coming or getting slowed down.

You can't suddenly go to normal breathing especially when you touch different corners of the chest. You find the chest still has the movement.

So gradually, you have to allow the breath to recede - the chest to recede - and similarly the brain to recede.

Let go everywhere.

Your tongue resting on the lower palate.

Relax - the skin fibre all over the body.

Relax - your muscle fibres from all over the body.

Everything is receding - everything is getting quieter.

As though, each cell is surrendering itself to the very soul from within. It goes to its source. Since it draws this energy from the source, when the cellular body recedes you find everything receding towards this very centre.

Let go in that manner.

Don't allow the tongue to go upward.

Keep you cheeks passive.

The jaws in a relaxed state.

The inner corners of the eyes, receding deep into the eyes so that the brain cells get quietened there.

Don't hit your head upward.

As though a weight is being kept on the forehead - how it will recede downward - go in a similar manner allowing it to go downward.

Allowing it to recede downwards.

Even from the arches of the feet your corners of the feet should get dropped.

So much be quiet there. (Silence)

Watch that silence from within when everything is quiet.

Even though the body relaxes - you find the inner vastness.

The vastness that you have created in the chest - feel that vastness.

(Silence)

Surrender yourself to the Lord within.

Gradually turn to the right side without bringing any sort of nervous shakiness.

Be quite on your right side.

Don't create the mental jerks.

Although the body moves there should not be any kind of mental jerks.

(Silence).

Be seated.

Before we finish, we will again offer our prayers to the Lord so the God blesses you to further the knowledge.

I hope you have got something. Today if you have learnt something about the inhalation, know very well that it will lead you towards proper exhalation. If the exhalation comes properly, the inhalation comes better. You will know that the more I explained about the inhalation - opening each portion - it will lead towards proper exhalation. When the correct strong grip come on the chest and the level of the movement increases, then the exhalation also improves. Of course, exhalation has its own technique, but I just can't proceed straight away with everything. So whatever you have learnt in this short period I hope that it guides you to go further ahead.

Sit straight.

Before we close let us again say our prayers.

Close your eyes.

Maintain the lift of the chest.

Remain calm, quiet, in a state where you feel happy when you get something, and at the same time quiet from within, humble from within. Because unless the Lord shows the light from within you cannot go further. So if something has come, know very well it is the blessings of the Lord from within. So, let us offer our prayers to the Lord who has given this knowledge for the betterment of the society of humans.

Invocation to Lord Patanjali

Salute the Lord within and bow down to the Lord Patanjali.

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Sydney 1996

TEACHERS'

STUDY

BOOKLET

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DEMONSTRATION

Friends. Before we start the demonstration I would like to give a little background on the props with which we are going to show the different asanas.

Years back it was difficult for people to accept the very idea that we could use props while doing asanas or pranayama. The idea was that everything should be done independently and if you used a support it was not the traditional way. It is hard to believe that years back even I could not express this when writing articles because people were against it. Yet we were using props when teaching classes or handling different patients and their problems. Then gradually, when people started feeling they were improving, the psychology changed. The minds of people started changing, and now we have reached such a stage that people ask for further demonstrations with props. We did it not only here but in Pune, Bombay, Rishikesh and different areas. Not only has the interest been ignited but also now doctors even think in a different way. They think that if we can use these props for patients in the hospital it may bring a great change.

Before going to the subject of how to use props it would be better if I give you some history behind these props. As I said people did not accept it easily. Even for Guruji it was not easy to create props but definitely there was something in his mind. I would say he was always in yoga in that sense. Even now he thinks in a different way to others. There was not an authoritative book regarding props but certainly the clues were available. Guruji began to think about these props. His practice gave shape to the props.

In Hatha Yoga Pradipika in the very first chapter in the initial stanzas, we come across the list of practitioners, the yogis, and among them one called Chaurangi is specifically mentioned. He was disabled. When Guruji read this he started thinking about this person who was disabled. He could not walk or stand but was a practitioner and was considered to be a great yogi and was even cited in the list of great names. In the same chapter you find the stanza saying, "The young, the old the extremely aged, even the sick and the infirm obtain perfection by constant practice". (Hatha Yoga Pradipika 1:64). That definitely gives the clue that some other ways existed in those days. People who had diseases or those who were disabled could take up the practice of yoga.

In the second chapter you find that there are certain methods given to cleanse the body, called *shat-kriya*. You may have read about the six methods of cleansing the body. For example, the yogis were using water to cleanse their nose also thread to cleanse their nose. That means some kind of prop was used to bring cleanliness.

The third thing is, though the book is not available, Guruji has seen a handwritten book with his own Guruji Shri Krishnamacharya in Mysore. A book called *Yoga Kurunta*. *Kuranti* in Sanskrit means a puppet. You are familiar with the puppet show where threads are tied to the puppet. The puppet moves or dances according to the movement of the thread. Guruji saw his Guruji perform certain movements and actions with the ropes: a yoga puppet show. *Yoga Kurunta* means yoga puppet show. The textbook says that in the olden days when the yogis were living in the forests they would put ropes on the branches of the trees and perform different sorts of movements or positions. All the details are not available as to what they were doing, but still this clue was enough. We can perform certain things with the ropes.

Ramanujacharya who has written a commentary on the Bhagavad Gita mentioned in the sixth chapter how important it is for the practitioner of yoga to know the way of living as given by Lord Krishna. How a yogi has to live life and what meditation means. In writing the commentary on that chapter Ramanujacharya says (somewhere in the 10th century it is written) that one can have a slight support when doing meditation. The Sanskrit word used

is *sopas* that means to have a support. Lord Krishna says you have to keep your back erect, you have to keep your head straight. The neck should be straight and the eyes should remain closed and you should look within, towards the tip of the nose. That is what the stanza says. Ramanujacharya explains in the commentary that while sitting straight one is likely to drop the spine, so have a little support to the back so that you can sit straight. This is proof that in those days they thought of using props. They had a proper support so they could sit and meditate. This is proof from the old texts that there is nothing wrong with using props.

Now the props have a certain design; a certain shape. It is interesting to know how Guruji could think of these props. It was not just that people could not do which made him think of these props. But when practising, while putting all the efforts into doing, he began to think about props. While practising an inner feeling speaks to you. One has a conversation within oneself, "This is not coming and I am supposed to get it. My neck doesn't go back, doesn't curve back. If I have to curve my neck, in which way is my neck to curl in order to get better movement?" In this manner Guruji could think while doing. "I am not getting it and I am supposed to get it. If somebody lifts me up, somebody pushes me up, pulls me, extends or grips me, I can do better". These ideas made him think of props.

As I said, the ropes already existed. He saw from his Guru that certain movements could be done with the ropes. For example for a beginner there is less muscular grip and less firmness of the joints in standing poses. It is a very common experience for everyone that the foot becomes slippery especially if the floor is slippery. So Guruji could think, at that time, if the foot is slippery and one cannot grip properly then not only the foot, but also the rest of the stretches, go wrong. All the time we are dependent on the bottom of the foot. If it is slipping, obviously, you cannot stretch your body, the rest of the spine or trunk in the proper way. How can the props be used so the foot will not slip?

The first thing he could think of was to put the foot that was slipping against something so automatically a support was given. He used the wall and could see that the wall was a great help. Sometime back, while teaching in England, he said "Wall, my Guru". "The wall is my Guru". He said this for the simple reason that the wall taught him to a great extent, for example the alignment of the body. We don't know in Trikonasana or simple Tadasana whether we are leaning forward or going backward or if we are straight. These things we cannot easily judge. Guruji had to find out in his own way. That is how he began to make use of the wall to help those people who were unable to do unsupported. They were losing their balance, losing their grip, or sometimes complaining of some sort of dizzy feeling. These things gave him the idea of how to make use of the wall. That is how the first support started.

Similarly he could feel from within when practising backbends like Viparita Dandasana, Kapotasana or even Vrschikasana, which are advanced poses. He could feel from within that such asanas were a great help to him to open his chest or open his lungs inside. They were bringing freedom in the breathing. This started him thinking about people with asthma, colds or a cough who were weak and not strong enough to do advanced postures. Everyone cannot perform these difficult postures and yet they are very effective. How to introduce those difficult postures? How to bring that specifically required effect? He experienced in those asanas what could help a particular disease. Someone may have a lung problem; someone may have an abdominal problem, intestinal problem.

The question remained how to make everyone able to do these difficult postures. People were afraid. People did not believe Guruji - "These are so difficult and why are you making us do these difficult asanas". What he started to do was to help with his own hands and legs - using his own body as a support. If someone's chest had to be opened he would grip their back ribs with his hands and fingers, supporting with the palms, lifting the chest so it could

relieve them and take off their fear. It is true some people would be afraid when someone else was touching their body. Afraid that their bones would break or a joint would slip off or anything could happen. But Guruji was confident about it because of his own practice. He knew exactly where and what had to happen; in which way it should be done. That is why he started using his own hands, arms and legs for support. People could do asanas comfortably and get the effect that was expected. That is how props came into the picture.

I am telling you this because sometimes people may question why we use supports. The supports are not meant just to rest and relax or to do in a lazy way. They are meant to obtain the feeling of the correct asana from inside so we can improve ourselves. Whenever we have that nervousness, the fear complex, our movements are restricted. We may not know that the movements are restricted unless somebody guides us. In this way, the props are of a great use because they open new avenues for every practitioner.

Before we start the demonstration I would like to inform you of one more thing. Patanjali did not forget these kinds of props but he refers to them in a different way in his Yoga Sutras. For example in the first chapter Patanjali speaks of the consciousness or the *chitta* which comprises the mind, the intellect and the very "I" expression. The capital "I" expression - this consciousness cannot be quietened straight away. People often ask us - they come and say "I want to do yoga, my mind fluctuates very much. Can you stop the fluctuating of the mind?" They think the teacher is supposed to stop the fluctuations of the mind! But Patanjali says the fluctuations of the mind will not stop straight away. You need to polish your consciousness, you need to embrace your consciousness and you have to see that the consciousness, which we have within, becomes more graceful in its expression.

For that he gives several methods. He says that you have to change your mental attitude by using the support of different kinds of emotions or attitudes that we have within. We all have attitudes of friendliness and animosity. When looking at the world if any kind of animosity is created within you, be kindly and allow the attitude of friendliness to surface. Is this not an emotional support that we are using? He says to have compassion for those who are suffering, for those who are in pain, for those who are in a sorrowful state. We all have certain degrees of compassion, if not total compassion. If you bring the attitude of compassion to the surface perhaps that compassion will bring solace to the heart which is suffering, which is having pain.

Patanjali says have your own breath as a support. If the mind is all the time fluctuating you can stop it by a long exhalation. Have a long exhalation and a long inhalation and keep the exhalation in a suspended state. Be able to suspend the breath so you become quiet; your nerves quieten. So even Patanjali uses a kind of support for the consciousness so it can be purified. We have to purify our own body - improve the circulation, improve digestion, improve our muscles, which are lazy and not working. We have to use the props to improve.

Today when watching this demonstration, have this background in mind. The props are not being used in an artificial way. There is a great meaning behind it, a history. That is the purpose of the demonstration.

With Guruji's method we always start with the standing poses, then forward bends, sitting postures and lateral movements of the spine. This demonstration will follow the same method using different props.

For human beings there are three movements which are very essential. We should be able to stand, to sit and obviously we should be able to go on our back to sleep. But this can be a problem for some people to stand, to sit or sleep. When a person wants to come to class but cannot stand obviously we have to give the person some support.

For example an interesting case: a 25-year-old lady came to the Institute. Ten years ago a snake had bitten her and though the poison was removed from the body her nervous system was affected. The nerves had become so sensitive that touching her shoulder caused her whole body would shake. The nerves had been poisoned from inside. The nerves did not remain stable. I took her as a student. She held on to a support with her legs spread apart. I pushed her nearer the wall. I pushed her base of the spine, her lower sacrum along with the tailbone inside and made her stand for five minutes calmly. This was the first time she had stability of the body.

People with Parkinson's disease or polio myelitis can't stand without support. They can stand with this method using support either with the back facing or front facing the stand. One has to find out whether one requires anterior support or posterior support and that way the pose is given. The common terminology we use when standing with the back touching the stand is 'posterior support' and when the front body is touching the stand, facing the stand it is 'anterior support'.

There are people who say they can't sit without a chair. So we have them face the trestler and hold it firmly. Fully supporting their back we tell them "I am holding, don't worry" and they begin to bend, to sit down. This means they are learning to sit; learning how to go down. Holding the trestler gives support and then the inner support of courage comes, giving them confidence. This builds up confidence in them and shows it is possible to go down.

When some people go to lie down on their back the fear complex is so much they can't breathe. So we make the person rest half sitting, half lying down - this gives them courage and then they can lie down. The method using the Simhasana bench (heart bench) or bolsters is used.

So these are simple ways using support for standing, sitting, sleeping and in different styles when a person is disabled.

Now we will proceed, showing standing poses with full support of the trestler or what we call the horse. With this support one can do standing poses and adjust each portion of the body. For example a person with polio or paralysis can do Tadasana with full support. *Standing with posterior support, arm extended to the sides holding the trestler.* They can stand straight, back erect, lifting the chest and lifting the trunk upwards so life comes.

Demonstration: Trikonasana with the legs and arms spread apart, trestler giving posterior support to the trunk and extra brick support to outside edge of the feet.

A person who can do independently always has strength in the inner edges of the thigh. The leg ascends upward from the inner knee to inner thigh. A person who cannot stand with firmness in the legs, who hasn't that strength, should take the support of the horse. They will drop the inner leg so we say "Cut out the inner edges of the thighs to the side" then the grip becomes better.

When the outer edges of the foot are supported there is no question of slipping - you can open the thighs and stabilize yourself. Little things make a difference. When there is arthritis in the foot the ankle goes inside - there is no freedom of the inner ankle to move to the outer ankle. With the support you can move the inner ankle to the outer ankle, inner knee to the outer knee so that the patella also spreads from inside to the outside. You find the bottom and the top patella balanced properly. With support one can adjust each portion of the body as required.

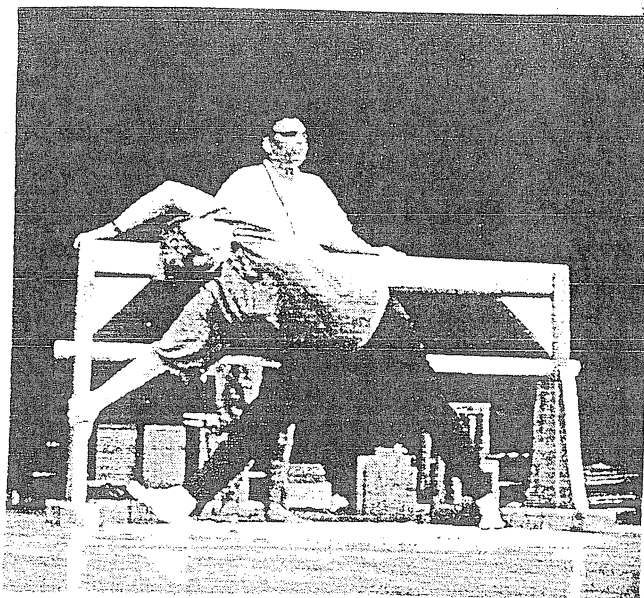
Uttitha Trikonasana

A beginner needs motion to spread apart. Jump and spread your legs apart - the hands and legs give motion to the body. Using the trestler one can press strongly to open up the armpit-chest; move the shoulders back; move the shoulder blades into the body and the movement can come. The prop helps to adjust and only our willingness is required; our understanding of what we are supposed to do is required. Whereas doing it independently, one has to work the shoulders, shoulder blades or chest with inner energy to force it to come.

With independent Uttitha Trikonasana there is the question of alignment. Beginners sometimes find their head is coming forward and buttocks going backwards whereas the tailbone and the cervical spine should be in line. Using the trestler for posterior support to get the inner adjustment. Holding the trestler to manipulate the sacrum region; move the shoulder blade in; open the chest; revolve the spine. A rotation of the spine is required in Uttitha Trikonasana. One has to learn when using the support what one is supposed to do. How to work, so the action can be maximized. This thinking, this learning is used when you are doing independently.

Demonstration: posterior facing the trestler - arm variations on upper arm (left arm).

1. *Arm bent back holding trestler.*
2. *Arm straight up and well-extended back. An assistant helps with taking the arm back for those with arthritis of the shoulder or frozen shoulder where the shoulder doesn't move at all.*
3. *Arm bent and holding the trestler forward (head-side) - helping to revolve the torso.*



Demonstration: *Anterior facing the trestler* - as close as possible gripping the trestler with both hands, bottom (right) hand under the bar to give a full rotation.

The back muscles are kept soft and the anterior body works. This is especially good for sciatica, back pain, and sometimes for people with 'slipped disc'. Like clinging to a tree the body clings, holds firmly to the trestler and the spine can be manipulated wherever you want - lumbar, fused dorsal or cervical. One can work the region which usually doesn't usually get extended without getting exhausted. Props can help with problems like 'slipped disc', spinal spondilosis or arthritis.



Uttitha Parsvakonasana

Adjust the distance between the feet. Sometimes only the front foot is supported. Sometimes only the back leg is supported. If the leg is not bending properly, not making a square, often the groin or the knee is stiff and refuses to bend. With arthritis and rheumatism problems the restricted movement can be due to the pain or disease. Put the right foot slanting up on a rounded brick to get a fulcrum for the metatarsals so you can learn simply just to bend the knee. With support the patient can do a little better and not be frightened. With arthritis in the left knee (straight leg) the leg will be bending and the stretch doesn't come – so support the left foot. With support you can rotate. Grip with the hand to increase the rotation.

Women during their periods are stopped from doing standing poses independently because it is strenuous. To balance, a person has to hold the thighs firm. It takes a lot of energy. The muscles get exhausted. Women who experience certain problems during their periods such as pain (dysmenorrhoea) or backache and pregnant women can simply use the trestler with legs supported. Holding the trestler with the left arm bent and forward (head side) - turn the lower abdominal region from right to left. Move the pelvic region, the left pelvic bone back to the trestler so that the pelvic area broadens. The rest of the body is kept silent and quiet while the area, which has to be activated, can be activated without exertion.

Virabhadrasana 2

Independent pose - one leg bending, one leg straight action. Top upper arm slightly higher upward (don't let it drop). The arms have to be active, as the legs are active. While bending the knees, to stop the rest of the body collapsing, you have to maintain the firmness of the arms. To open the chest you have to be firm on the arms.

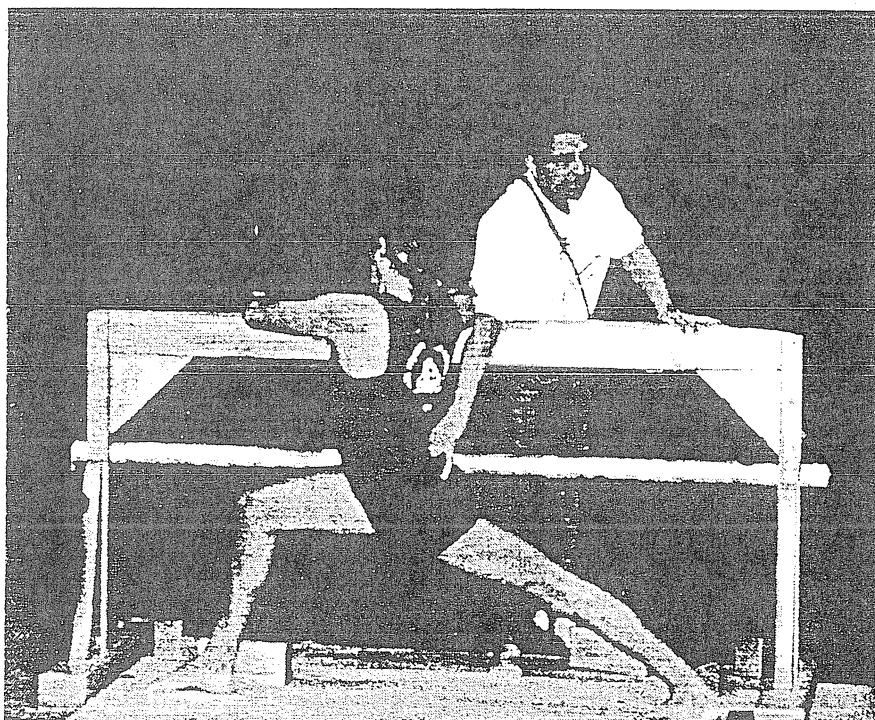
Using the trestler is like traction. You can get a spinal traction. Both the hands are fixed and extended along the trestler. The right knee is bent. You can move the femur bone into the body and at the same time lift the trunk upwards. The right leg and the left leg goes into the socket and the chest remains well open. In bending, the spine does not descend it does not go down but extends.

You can focus on the weak areas or if you dropping; collapsing or committing a mistake like completely tilting to the side. This gives you an idea. That means the inner muscles are not strong enough.

Virabhadrasana I

Demonstration: Standing sideways to the trestler. The right (bent) leg is forward and next to the trestler.

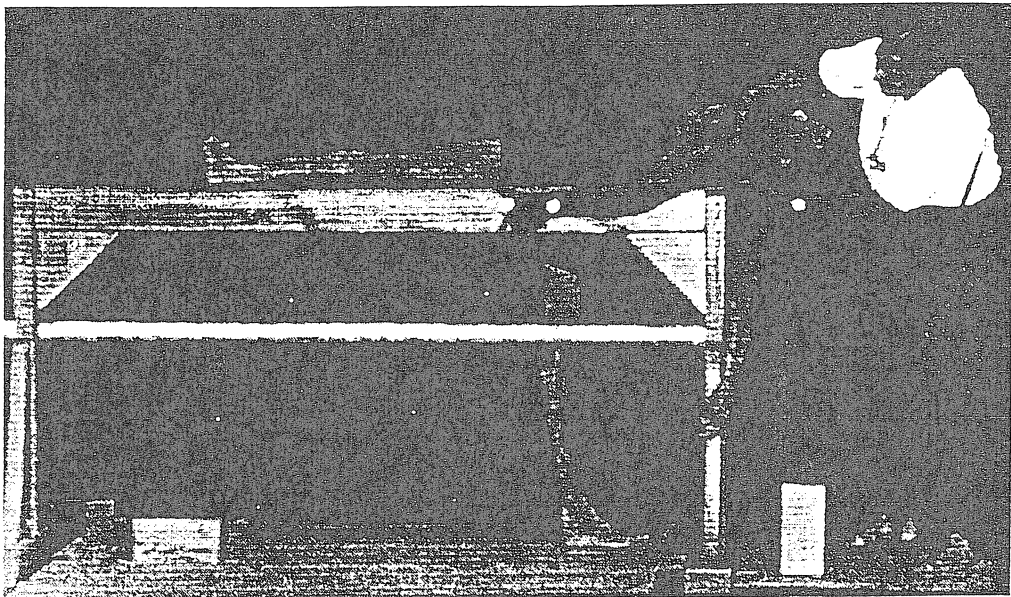
Bring the left hand across and holding the top of the trestler with both hands. Incorrectly the left buttock, in spite of all the movement, doesn't rotate and it remains halfway up, it remains back and so is more painful. Support helps with the correct movement. Often people find they are stiff in spinal rotation.



Ardha Chandrasana

Demonstration: *Posterior facing standing on the right leg with the left leg extended along the trestler – the right arm extended down the side of the trestler and the left arm along the top. The cervical spine was positioned on the corner of the trestler.*

A demonstration with a patient gives more clarity because you can see how the patient struggles when they use the props. You can see what area has to open and then exactly how the shape changes. This curvature of the cervical spine on the corner of the trestler is for spondylolysis. You curve the neck back and find there is so much extension it is a kind of pain reliever.



Parivrtta Trikonasana

Parivrtta Trikonasana is a difficult pose because it is a rotational action of the spine. When doing a lateral rotation of the spine one realizes how hard the spinal muscles are. In forward extension and backward extension the stretch of the muscles required is quite different. But when it comes to rotation, it works the frontal muscles of the abdomen. When you rotate your trunk, you find the spinal muscles are very hard. That is why you find these postures difficult.

Demonstration: *start with back to the trestler - turn into the trestler to face it.*

Grip strongly and rotate, bring the chest to the front (to the trestler), see the movement. Now, with the holding, the spinal muscles of the dorsal region can really push the back trunk closer to the stand.

When done independently the movement is restricted because one has to think of the balance. Put effort into holding the balance and at the same time move the back. One can't do the action of moving in unless pressing the thumb and index finger strongly to the floor.

With support there is no question of losing the balance, so turn any amount. The intestinal area has to be turned. Effort has to be put there. This pose definitely improves the peristaltic movement of the intestine. If the peristaltic movement of the intestine has to improve it means essentially the intestine has to turn. If it has to turn and a person has a restriction in their rotational movement then obviously the effect will be less and they won't derive all the benefit they should.

Move the hands deeper inside, then there is no question of losing the balance. Holding the stand move as much as you want. The benefit that is derived has to come - the peristaltic movement increasing or opening of the chest comes.

Demonstration: *start with the anterior body facing the trestler - turn the body so that the back is facing trestler.*

When the back muscles are stiff as with fibrositis, when the muscles just can't move, don't just be against the prop but fix yourself, hold strongly and grip the prop. The prop cannot do everything; it is not possible. Hold to activate the body and get the proper action, hold and turn any amount. If a person is tired, if there is a fatigue, the muscles are completely sore from inside, then just hold there and be quiet. Some movement will come but soreness of the muscles will not occur since they are not over activated.

If there is a gripping the abdomen - there is no proper space created between the thigh and the trunk - move the outer upper thigh further back - open the chest and move chest forward - hit the outer femur bone back as much as possible so space is created. In certain problems like women's complaints with the inner reproductive organs - especially ovaries, blocked fallopian tubes, cysts etc - if that area is gripped it won't be of any help. But if space is created that means you can work exactly on the areas where the work has to be done. Sometimes this is not possible without the support of the prop.

Most of the time the whole body, the muscular area, works just to keep the balance and be in the pose whereas, with the use of the prop, one can work freely. There is no need even to tell her when to breathe, what to do, because when she is holding and I say "Open the chest" she breathes. So practising that way is a great help. When practising without props we have to see how we bring these actions about and improve ourselves.

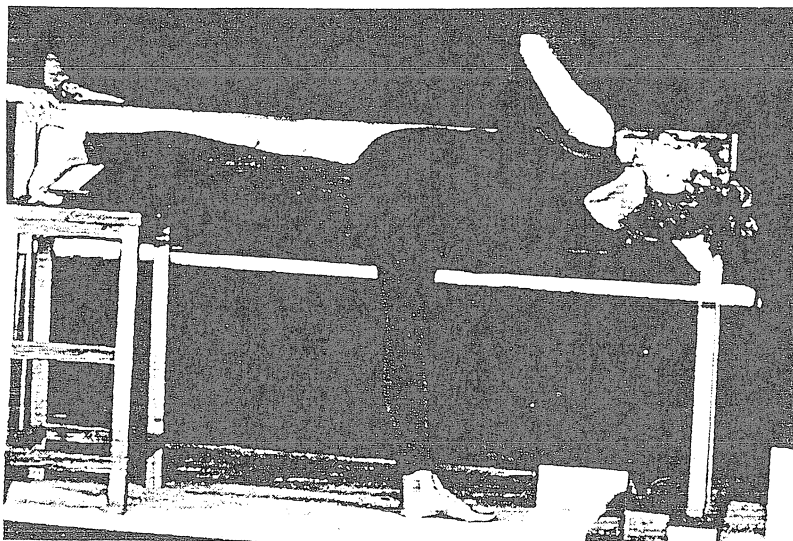
Next asana I won't explain in detail as I have already said anatomically how you work and how you actually activate yourself in a Parivrtta pose.

Parivrtta Parsvakonasana

Parivrtta Parsvakonasana is a difficult pose. In this pose also you increase the range of movement. Holding the prop, see how much the waistline can work, a subtle adjustment like the left heel not touching the trestler - hold and see the heel can go down. The little things you can't do especially near the ankle or outer heel area, arch of the foot, adjust it by using the prop. Whereas without the prop it is difficult. The leg has to be extended and, with the support of the stand, one can grip and push the heel back. So the range of action and the scope for adjustment increases. You have a lot of scope to adjust yourself and correct yourself, whereas independently your body gets stuck so your mind also gets stuck. We have to bring freedom to the body so the mind will also have that freedom.

Parivrtta Ardha Chandrasana

Demonstration: Turn in to face the trestler - left leg extended straight with toes supported on a tall stool.



Arms bent, hands holding the trestler and turn - grip the trestler and increase the range of movement in the spinal region - turn the spine more - rotation has increased. Basically, those who have no problem can improve their pose. Those with a problem can do with the support of the prop and different grips. Doing unsupported one has to balance with the raised leg straight.

The hands grip the trestler - press the stool with the raised foot, toes down and lift the thigh. Pressing the toes to the stool and lift the thigh - suck the frontal thigh to the back thigh. With that action one can improve the memory in the cells of the muscles; the cells of the body remain firm and one can improve further. That is what is mainly required. We don't only see flexibility of the body. Our cellular body has its own memory. That is why, if a pose is done wrongly, those cells lead us to go wrong, and then we say "I think that leg is like that or my leg doesn't turn properly". But if a pose is done correctly there will be an imprint of that memory on the cellular body.

Try that rotation using the trestler for five days and on the sixth day come away. Do in the centre and find out if you find any change. The change means that those muscles began to behave, where in the previous attempts they were not behaving themselves. This will make you understand that definitely the cells have their own memory. If you lead the cells to go on the wrong path with that memory they go on the wrong path. Then other adjustments become difficult. The body remains adamant. It doesn't want to change its shape and position. A teacher who finds that something is going wrong will not allow you to do that. The body won't adjust unless the cells again learn to have the positive memory, the right memory.

Virabhadrasana 3

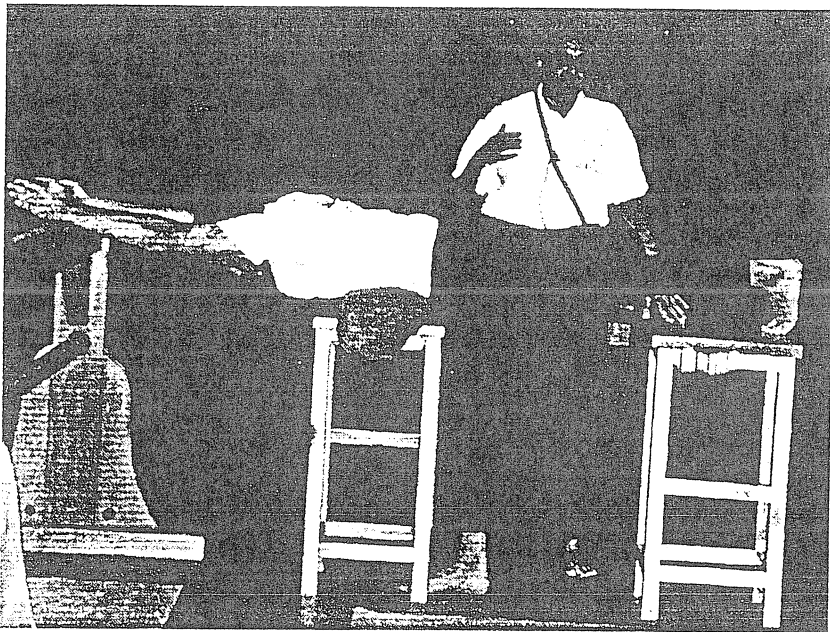
Passive Virabhadrasana 3 is with support. There is not only one way of doing but there are several ways:

Demonstration: *with the palms supported on the trestler.* With the hands supported one can learn balance. Balance is needed to do the pose independently without any support.

Demonstration: *with the palms supported on the trestler and the raised leg foot supported on a tall stool.*

Doing with the foot supported helps people who get nausea when the digestive system is very weak and especially when the liver is very weak. These people feel any balancing pose causes a sort of vomiting sensation. Then the teacher has to say, "Don't do it". But with this kind of support the liver doesn't take the strain of the muscular body and it helps to a great extent with that vomiting sensation.

Demonstration: *with the palms supported on the trestler - the raised leg foot supported on a tall stool - the abdominal area resting on another tall stool.*



People who get the vomiting sensation, people who just feel sick; they feel sick when they go in the hot sun, the abdomen begins to feel sick. In this pose the abdomen, foot and arms are resting. The abdominal region is passively resting on the support and at the same time the chest is free to breathe. Supported one can remain quiet, do nothing and just get the effects. Since the abdomen is resting there is no feeling of sickness or any kind of weakness.

When doing independently obviously the arms and legs have to be used to a great extent to maintain balance. That is active Virabhadrasana 3. The nerves will be strained to maintain attention all the time. The benefit of the active asana is that one has to be very attentive. To be in the pose; to be within oneself to secure the pose. A slight distraction and one can't get the pose.

I am taking standing poses in detail because most people, especially westerners, have certain joint and limb problems and these poses help them more.

Utthita Hasta Padangustasana

The raised leg in Utthita Hasta Padangustasana for No.1 is to the front - No.2 is sideways - No.3 is to the front and turning over the raised leg. These three different postures can be with support or independently - with or without a belt.

Demonstration: *Right side facing the trestler - raised leg out to the side - heel on the trestler - foot strap to hold.*

In No.2 - pelvis to pelvis is opening. With the hand gripping, extend and adjust the pelvic rim. Adjust when one pelvis is down one pelvis is up or one side of the spine is sinking down the other side coming upward.

Demonstration: *Front facing the trestler - raised leg straight forward - heel on the trestler - foot strap to hold.*

No.1 is for those who have sciatic pain, 'slipped disc' etc. They can work with it.

Demonstration: *Right side against the trestler - right leg raised straight forward with the heel on the trestler.*

In No.3 (leg to the front and turning over the raised leg) - turn towards the trestler - with a gripping action hold the trestler - turn more to get back adjustment, chest adjustment, shoulder adjustment, the inner alignment. Get the proper extension of the muscles in order to - rotate - lift - vertical lift - horizontal opening. This extension can be created with that support.

Prasarita Padottanasana

Demonstration: *Lying along 2 bolsters on a Halasana bench.*

As in supported Virabhadrasana 3 with the abdomen resting, having full support. This is especially good for those who get back soreness. With back pain the area sometimes becomes so sore they cannot move. Sometimes the pain is so serious they can't even get out of bed. This is the posture that helps. With the legs/feet spread apart - roll totally over the bolsters - and grip the box. It is complete resting.

Demonstration: *With the buttocks supported against the trestler - outside edges of the feet against bricks to trestler.*

With the feet supported there is no slipping. This is a tricky pose when the foot slips out - then you cannot bend. So both sides of the feet are supported according to the height. Then to increase the extension of the back you move forward (chest moving closer to the trestler). To increase that range of movement take the hands off the floor and grip the trestler bar and move inside more. To come up, take the hands down one by one hand so there is no loss of support. Walk slightly forward and then come up.

Adho Mukha Svanasana

Doing this pose is helpful, especially for fatigue. Exhaustion is sometimes so much that one cannot do independently. This posture when done independently does not remove fatigue. But with feet supported, or the arms supported, or both, and the sides of the head supported the fatigue goes immediately.

Demonstration: With heels supported on a curved brick against the trestler.

When the heels are supported the extension of the legs is so much that the back of the leg gets extended - thighs, back of the calf, the hamstrings, back of the knee all get extended. With all these extensions, since the heels are supported, there is stretch but at the same time the passivity is there. The front thigh is activated to go back and the back of the thigh is passive although there is a full extension. With the heels supported one can manipulate the action further - can work - move the back of the thigh from inside out.

Demonstration: Support given to the feet and the palms - on the inside trestler - head resting on a bolster.

Do this way for people who have high blood pressure - who get migraine - who feel heavy in the head - who do too much mental work or get eye strain from reading. They find this easier. Of course one has to adjust the height of the support for the head as required. You may need two bricks or a bolster so the head remains in a restful state.

Demonstration: With the hands supported against the trestler - head resting on a bolster.

When the head is resting it quiets. Abdominal tension is also lessened. As explained in Prasrita Padottanasana with the abdominal resting, this pose is also for people who get the feeling of sickness, a vomiting sensation or poor digestion. These people feel quiet when the head is supported. The floating ribs open more. The diaphragm has more freedom to spread to the side so obviously the breathing becomes easier.

With the hands supported you can open, but without the bolster support for the head you can't lift the sides of the chest. You lack the extension movement on the sides of the trunk. You move your back ribs and your chest, but in spite of that movement the length of the back is lessened. To increase the length of the back, use a bolster support for the head. The ribs will then ascend so the length increases and, at the same time, the abdomen remains passive.

Demonstration: with the ropes attached to the trestler. Normally the ropes are attached to the wall so the heels can press the wall.

Uttanasana

You may do the pose very well. You may not find any fault in the pose but you find inner compression somewhere. To someone looking at you it may look like the perfect pose but inner freedom doesn't come. With the independent pose (unsupported) - you will come closer and touch the knee but the abdominal compression will be unbearable. There will be contraction - you feel a contortion - you find something gripping and it is very hard.

Demonstration: with the legs supported against the stand of the trestler.

Grip the trestler with the hands to increase the range of movement.
It is an active pose. It is not a passive pose.

With the gripping, the spine is elongated more and the trunk goes closer to the thighs.
Bring the posterior trunk to the thighs.

So holding the base of the trestler releases the sides of the trunk downward even more.

Find the space in the abdomen - even in that compactness you create this space

That is the main thing in yogic asanas.

Doing with support it looks, from the outside, as if there is compression but, from the inside, there is really a space because the abdomen relaxes from inside.

Demonstration: with the head resting on bricks - rope attached to trestler and looped around the head of the legs.

With the support of the rope - no strain on the legs - there is not much effort to stretch the legs because the rope controls the whole thing.

The head of the femur bone is important.

If the head of the femur bone is held in the leg remains straight.

The rope supports the root of the thigh - legs are straight.

You are fully resting. Because the legs are not exerted the head is also not exerted.

Head is resting on the support.

For those who have heart problems, high blood pressure, and for those who often get headaches it is a resting and curative pose.

Demonstration: standing at a higher level - on the platform.

You can bend more - extend more.

The contraction is avoided on the sides of the trunk.

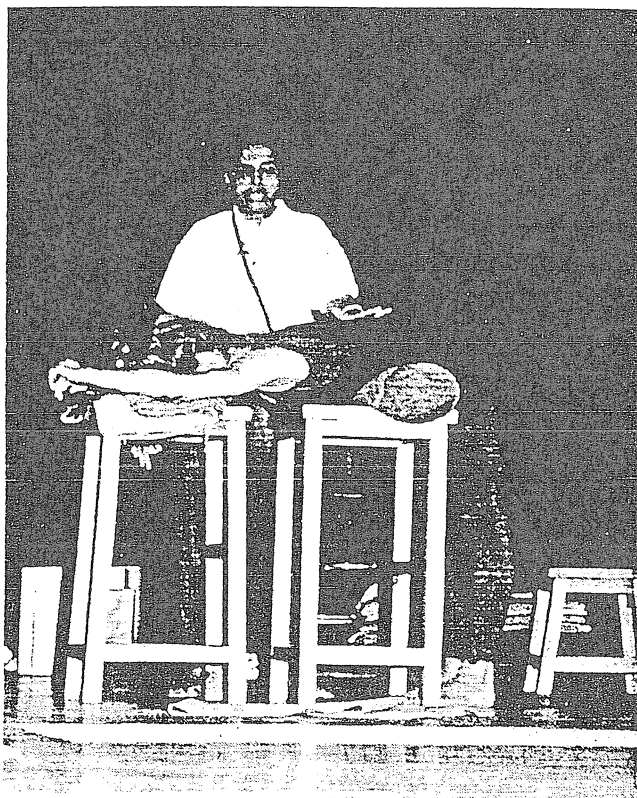
The hands are going down beyond the platform to elongate the sides of the trunk.

Most of the time freedom is not brought on the sides.

One bends because the spine is bending but the muscles on the side remain up. That causes other kinds of problems apart from the pain of the body.

This is a lengthening process - relax the head - lengthen the sides of the trunk - and the head becomes cool, calm, and quiet.

Demonstration: lying over 2 tall stools - a crossways bolster under the abdominal area and extra blanket support for the forehead.



With the whole abdomen resting the head is also resting.

You saw the props used the same way in Prasrita Padottanasana.

I had a young woman, not even in her forties, who had high blood pressure. In my own practice I did everything resting - in different styles - on stools, resting my abdomen, resting my chest, resting my head - in Prasarita Padottanasana, Parsvottanasana, Uttanasana, Adho Mukha Svanasana. I did all those simple extensions resting and then I had the clue to teach her what she was supposed to do. Her problem was her lumbar concavity. She was fat as well and also had an extremely concave lumbar spine. She could do backbending. She had no problem doing Urdhva Dhanurasana or Viparita Dandasana. She did them immediately. In the forward bends though when she was bending downward, the lumbar portion showed concavity. It remained inside. I could feel there was a tremendous pressure on the kidneys because of that concavity. When she was doing forward bends, after every two or three asanas, she had to go to the toilet. The pressure was coming and she could not help herself. After 2 or 3 asanas or after half an hour she had to go to the toilet again and, in spite of doing the forward bends, the blood pressure did not come down. Only sometimes it came down.

I then gave her this whole series of asanas - resting totally on the stool - absolutely passive. Now she enjoys her practice. She practises for two hours and the blood pressure goes down. In the beginning the blood pressure was 190, which I first brought down to 170 with a few asanas. I was not happy because a stroke can occur at that level. It then went to 150. Now, with this series of asanas, she has come to 120/90. I am now telling her that in another two months and it will come down even more. She wants to have a child but I am stopping her because of her blood pressure. She has had one pregnancy and lost that because of her high blood pressure. This time I have said, "No risk, see that it comes down before you have your next pregnancy".

This is what you can't make out, especially when you see a strong person who is healthy. But these wrong lumbar curvatures will give you the idea. The support goes at the lower abdominal area. If somebody gets stuck at the diaphragm, they are lifted and supported so that area of the back remains erect and organic pressure is taken off.

Somebody might have pressure in the throat and it may be causing a problem in the thyroid. When the problem is the thyroid you have to see that the thyroid is kept soft. The forehead is supported for the hyper thyroid so it will remain soft. In the same pose we have to see that the neck is extended for hypo thyroid with the chin extended and supported. If it is for back pain we have to see where the back muscles are caught and support there to extend them to the side. For menstrual problems and abdominal pain - support and see that the abdominal region gets freedom. In the same posture, you have to see where organically you are getting caught. We have to open those areas and see that freedom comes into that area. At the same time the organs remain in a restful state.

Rope Adho Mukha Svanasana

Demonstration: Using 2 ropes attached to trestler - and looped around the head of the leg.

The root of the thigh often remains inactive.

It is very difficult to move the head of the femur bone.

You may stretch the whole leg but it doesn't touch the top thigh for everyone.

To stretch the top thigh is very difficult.

When you stretch the top of the thigh, the side trunk gets more extension and freedom.

Rope Dog pose - with the rope pulling the thighs more freedom is found for the lower abdomen to extend.

Krounchasana

Demonstration: *Sitting on the floor - with a strap to hold the raised extended leg.*

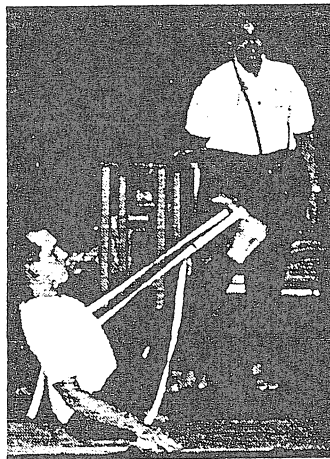
If the leg doesn't straighten or you can't lift the leg - use a strap.

There are some heavy people who are only able to lift the leg part way. But with a strap they can lift the leg up themselves - lift their trunk upward - activating the leg which is dull. The leg that doesn't want to come up can be lifted.

Holding the foot with the hands the leg can't stretch in spite of all efforts. But with the strap the bottom of the foot gets opened against the pressure of the strap. Opening the bottom of the foot against the strap makes the leg work and the spine lift upward.

Navasana

Demonstration: *with 2 straps joined together, looped around the dorsal thoracic back and the soles of the feet.*



This pose is good for the kidneys and liver.

Supported with the straps - keeping the hands down on the floor - it is a passive pose. Palms remain at the side - the back is erect especially for people who suffer with stress and strain. That stress and strain causes digestive problems and this pose helps to a great extent. If a support is given to rest the legs, like a bench or a box, and the back is against the wall, the abdomen remains passive. With stress and strain the abdominal region, liver or spleen etc sometimes become so sluggish that digestion becomes poor. This can improve as the organic body gets activated in this pose.

In Navasana unsupported, the back sometimes goes, you fall on your back, you drop your spine and you don't get your balance.

Janu Sirsasana

Janu Sirsasana is a forward bend extension. There are different kinds of support.

Demonstration: *The extended leg foot against a wall, trestler or bricks.*

Actively using props - 2 bricks at the bottom of the feet - grip the bricks and extend the sides of the trunk.

Demonstration: Head resting on a bolster on a chair.

For a headache bandage the forehead so it holds that area. The blood circulation towards the head side is greatly controlled. With the head remaining on a chair you can easily rest in that position. A headache does not go just by lying down on the bed. The head remains heavy all the time. But by doing chair Janu Sirsasana the abdomen becomes soft and the forehead rests, giving great relief.

Swastikasana (simple cross-legs pose) and Virasana

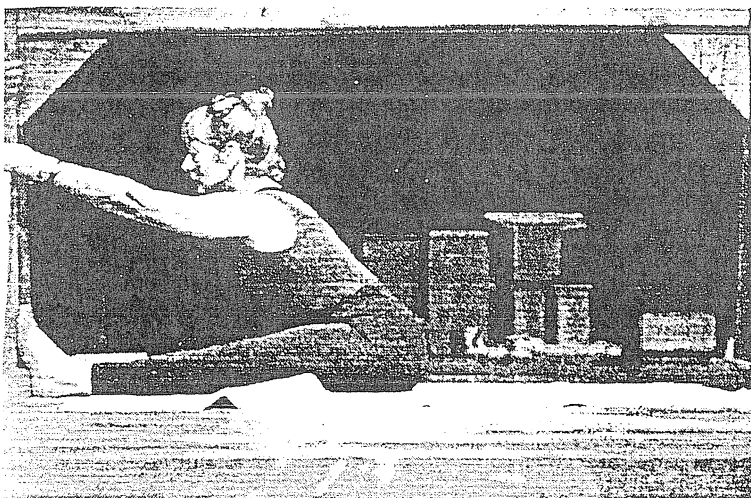
Demonstration: with the head resting on a chair and the forehead bandaged.

The stress for those who suffer with migraine - high blood pressure - stress and strain will be taken off, to a great extent, by doing these poses.

Paschimottanasana

Demonstration: Feet against the trestler - hands holding the stand of the trestler.

Holding the trestler you can lengthen your trunk in the same way as in Uttanasana. There is no compression, but length in the back.



Demonstration: With the head resting on a chair.

You don't work much with the spine. It is relaxing if you keep the head resting on a chair.

Urdhva Mukha Paschimottanasana

Demonstration: Buttocks on the floor - both feet up on the trestler stand - gripping the trestler with the hands.

Demonstration: *Buttocks on the floor - both feet up on a Setu Bandha bench.*

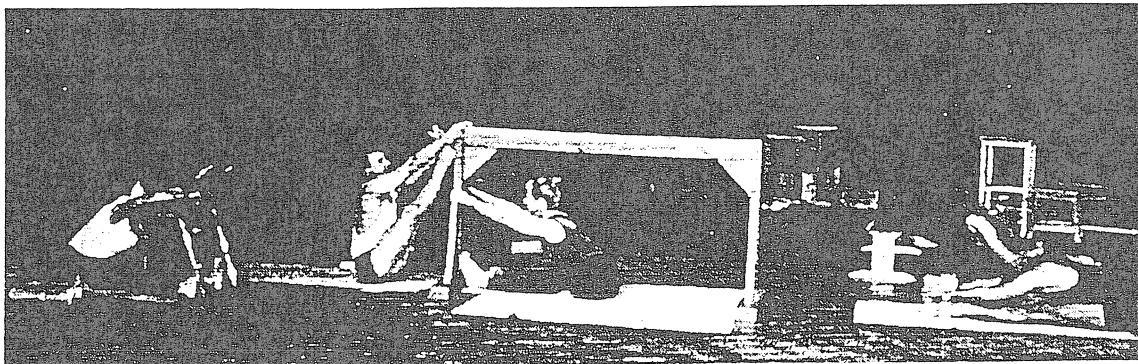
With the feet up higher it helps when the back of the legs do not extend properly.

Adho Mukha Paschimottanasana

Demonstration: *Sitting with buttocks up on a bench, feet down on the floor.*

Relief will come for those who suffer with lower back pain or sciatica.

Any irritation in the abdomen will be lessened since the abdomen remains soft.



Baddha Konasana

Westerners often find Padmasana difficult especially when there isn't much flexibility in the knees. Opening the knees, the inner ligament, in Baddha Konasana helps you to a great extent to do Padmasana.

Demonstration: *Supported Baddha Konasana - feet against the trestler stand - rope/strap to the trestler and around the dorsal thoracic spine.*



For men especially it is important that the belt supports the spine.
The whole spine can lift, with the support, to make the whole back erect.
Often when the knees are going down the back sinks. The spine does not remain straight.
The trunk doesn't go up higher.
With the belt the thighs can go down and the trunk can move upward.
You can open the chest.
Open the pelvic region so any kind of pressure on the lower pelvic region will be lessened.
This equally helps men and women.

Ardha Baddha Padma Paschimottanasana

Demonstration: *Bent knee supported with a bandage at the back of the knee joint.*

Whenever there is problem with the knee - the inner ligament of the knee - there is a shortening - there is pain on the inner ligament of the knee.
A support, a bandage is placed at the knee to open it up as the leg is going into Padmasana.
Though the knee is bending the ligament is extended.
You have to know the inner anatomical adjustment.
The bandage is giving the inner ligaments extension so space is created.
So even in that compactness there is space.

Demonstration: *The foot of the bent leg strapped - right arm going behind the back to hold the strap.*

If the foot is slipping use a belt - hold it - this gives the metatarsals extension so the shinbone extends - the metatarsals extend.
With the belt pulled there is less pressure on the knee.
If the knee is hurting, then the whole leg weight is going towards the knee so it begins to pain. When you pull with the belt, the pressure on the knee is lessened and there is more freedom.

Supta Baddha Konasana

Demonstration: *Lying down - feet against the trestler stand - rope/strap to the trestler and around the sacrum.*

Lying down on the back in this position is a kind of traction.
The legs are held by the strap - the trunk extends against that to go towards the head side.
This traction lengthens the inner spine.
As the lower spine gets extended the organic body in the anterior region spreads on the spine. Opening and space is created in the organic body.
This is especially good for those women with gynaecological problems who suffer with menstrual problems, or men with swelling etc.
This pose is also helpful for bladder problems and infections in the urinary tract.

Upavistha Konasana

Demonstration: i] *With chair support for the head.*

Stretching the legs you can hold the chair and rest the head on the chair.
You can take out any wrong pressures that are on the spinal region.

It is especially good for pregnant women.

Head resting - the head becomes quiet.

The spine extending reduces strain.

There is no compression on the lower abdomen and the spine gets extended.

Up to 6th or 7th month they can do this without any problem.

In advanced pregnancy they have to sit like [ii] and extend the trunk.

This is of great help since the groins and pelvic region open.

The pelvic region becomes broad and circulation also improves in that area.

Demonstration: ii] *Legs extended to the trestler stand - arms forward - hands up holding the trestler top.*

This helps the body to extend upward - with lengthening on the side trunk and opening the side chest.

This pose will help improve standing poses, because the freedom has been created in those areas which were locked or blocked, where the muscles were not moving with sufficient range of movement.

You get the same extension of the trunk but the pressure is less than when in the forward position.

Demonstration: iii] *Lying forward - full extended position - hands holding the feet.*

Bharadvajasana 1

For those who cannot sit down on the floor they can definitely do by sitting higher on a stool or chair.

Demonstrations: Twisting in different styles.

1. *Sit sideways on a chair - hands hold the backrest and turn.*
2. *Sitting on the stool at the end of the trestler and hold the trestler to turn.*
3. *Sitting on a heart bench at the end of the trestler and holding the trestler to turn.*

Marichyasana 3

Demonstration: *Standing sideways to trestler with the right leg bent - foot raised on a stool close to trestler.*

Standing for back problems. Turn to the right - left arm on the outside of the right knee - hold the trestler with both hands to give a better grip to twist.

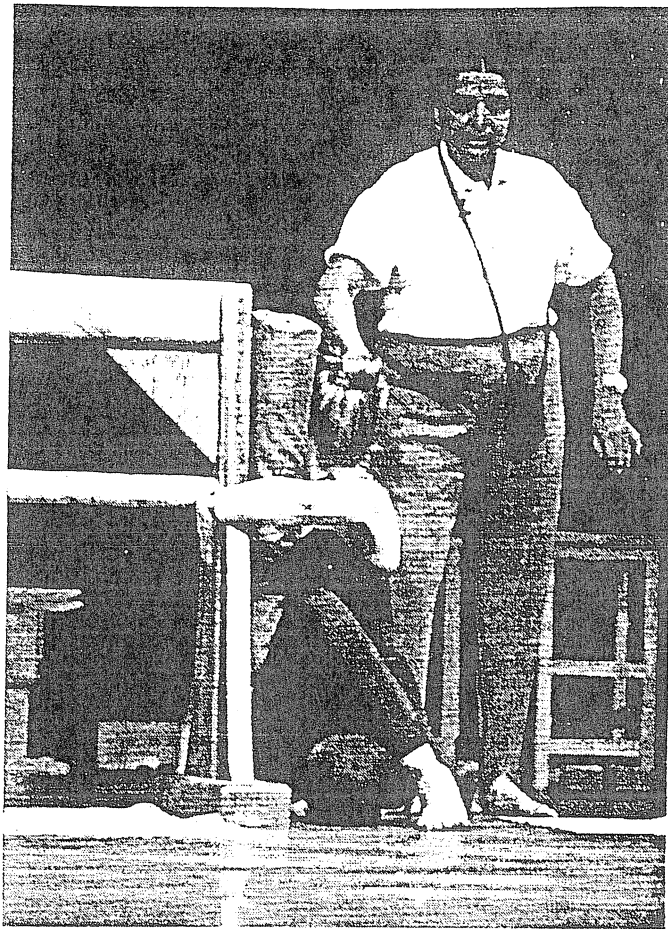
Demonstration: *Sitting on a heart bench at the end of the trestler and holding the trestler. Come in close with the chest and turn the back - so back support is also given.*

Bharadvajasana 2

Demonstration: *One leg in Padmasana and one leg in Virasana.*

A cloth is placed behind the Padmasana knee and the knee is supported on a brick so it doesn't pain. A strap is placed around the foot and held by taking the arm behind the back. This method is given because often the Padmasana leg is difficult to bend.

Ardha Matsyendrasana



Demonstration: Sitting on a heart bench at the end of the trestler and holding the trestler to turn. With a bolster lengthways between the trestler and the torso - this support is given to correct a thyroid problem, which brings sluggishness to the whole body. Sound in the ears, ringing all the time, is corrected also with this method of lateral twist.

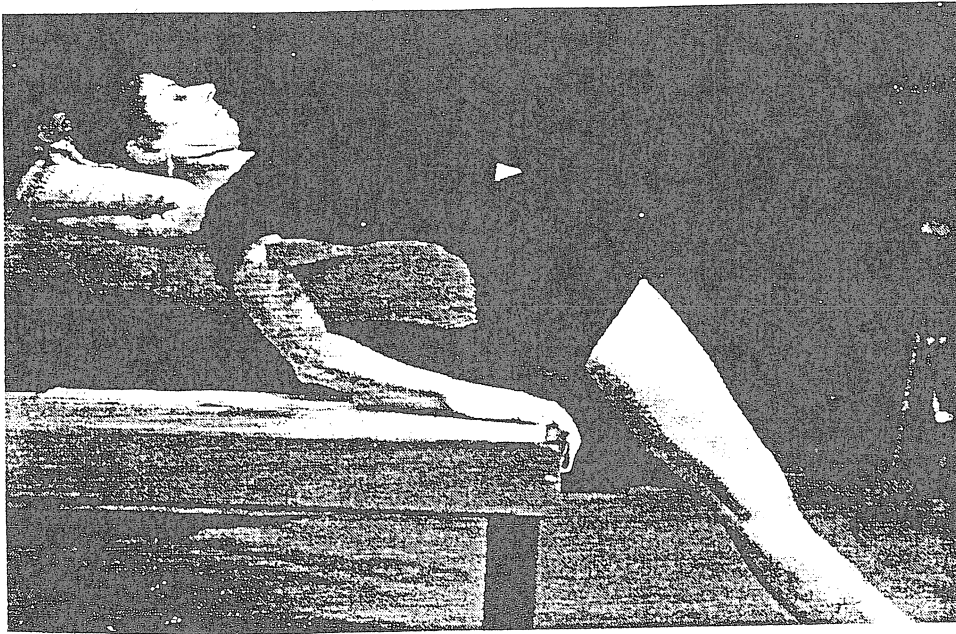
Most of you are familiar with the terms of Ayurveda - Vata, Pitta, Kapha. The back turns and the vata gets lessened. When the ear goes against the bolster and is fully supported the ringing gets lessened. You may think it is only a spinal rotation, but with the spinal rotation there is abdominal action. The abdomen turns passively and when it is turned passively the vata in the head also is quietened and sound in the ears is lessened.

Purvottanasana

Demonstration: Supported pose - on a raised stage platform - 2 bolsters lengthways fully supporting the back body - 1 slanting board crossways supporting the middle chest - head further supported on a folded blanket - feet on the floor. This is a basic backbending action.

This fully supported pose is given to people who have heart problems cardiac problems. Seeing the independent pose nobody would believe it if I say "In this pose the chest gets opened and it will be good for cardiac patients". But Guruji could think of this when doing the unsupported pose. The opening of the chest gives some sort of relief from inside. Nobody else would have trusted that this pose could be utilized to bring freedom to the heart. We

find with post-operation patients that this really relieves them from the strain, where they feel contraction and heaviness. From a medical point of view they say "Everything is fine" but still there is some compression inside and hardness remains. Whereas this simple back arch gives freedom. It basically improves the breathing, opens the chest and at the same time gives rest to the heart muscle.



Urdhva Mukha Svanasana

Done independently from the ground is sometimes too hard and a kind of strain comes because of the work on the arms to get the back arch. The legs and the metatarsals are extended and you come more on the arms to get the back arch.

Urdhva Mukha Svanasana can be done in different styles with household furniture like a chair. The chair or stool remains against the wall so it doesn't slip.

Demonstration: *Hands on the seat or holding the corners of the stool you just rest on that and raise your back upward to form the curvature.* This backbending is for those who get pain in the back - lower back pain.

Demonstration: Hands on the back bender - bolster crossways under the head of the femur - feet on the floor.



Sometimes the back hurts so much they can't have any curvature. It hurts in the lower back area. Femur bone has to come up higher to rest on the bolster and then extend. The thighs are fully supported and with that full support the curvature comes. The lumbar and sacrum both come closer because of the curvature but the extension is a passive extension. There is a fulcrum as you press the head of the femur bone and open the back so there is no backache. But if you remove that support you have to use your spinal muscles straight away and hit the spine. When you hit the spinal muscles it becomes painful.

Demonstration: Another way of doing is with the trestler. Go between the top and the middle bar - arms hooked back over the trestler top.

This way is good for the shoulders, shoulder blades and specially for those who have scoliosis of the spine. Doing independently you can't judge where the spine is tilting but using the trestler you are in a straight position and you can work on those areas that need it. Suppose it is scoliosis and the spine has gone to one side, I can say "Move the right shoulder blade in so the spine is pushed to the left side". Holding the trestler is a strong grip, which controls the spinal muscles and brings spinal muscles closer so you will not let the muscles go away from the centre. Therefore the spine gets adjusted.

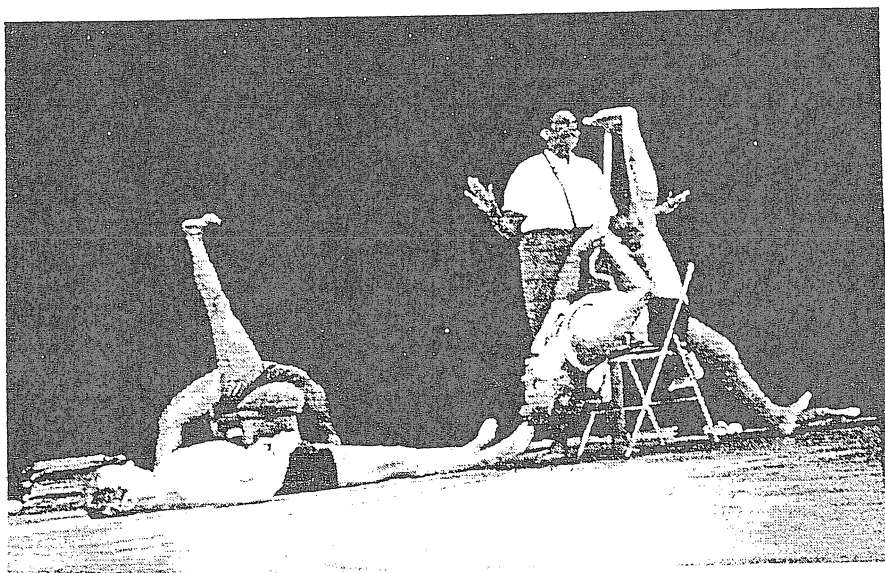
Demonstration: A strong student can use bricks - palms on the bricks to lift the trunk higher upwards, to lengthen the arms and for pain in the elbows. This method is more arm work. You can revolve the upper arm and get the extension.

Viparita Dandasana

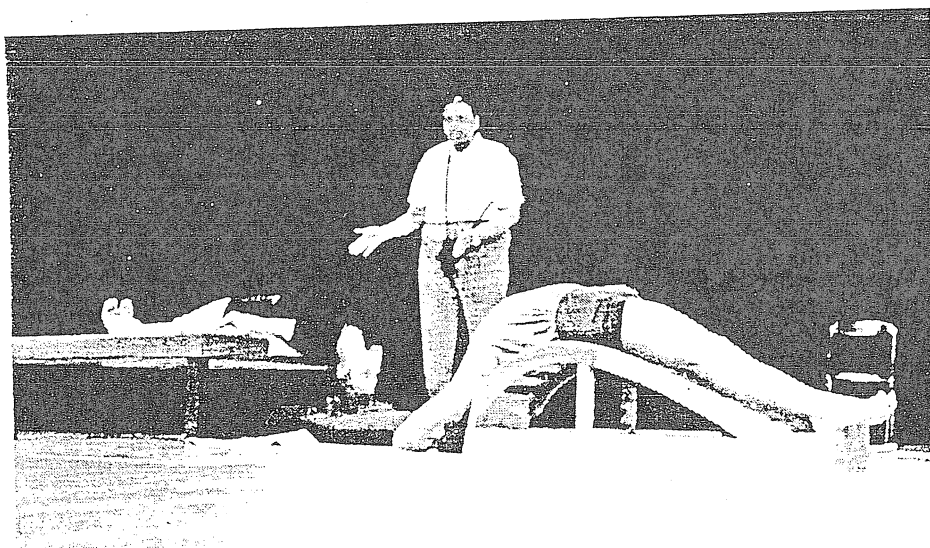
Demonstration: Using the props is not something you do blindly but to some extent we can use it in a blind way. For example, *Viparita Dandasana using the backbender* you can ask someone to simply rest over it. That means nothing can go wrong it is a passive pose. With the legs supported on the prop and there is no need to think of extending them. Raise one leg up for supported Eka Pada Viparita Dandasana.

Demonstration: *Arching over a chair is a little bit stronger. The seat only supports the back trunk. The head is free and there is an independent stretch of the legs.*

One leg extended to the floor the other extended to the ceiling. Holding the strap around one foot - extend the leg up - the back is supported on the seat so nothing goes wrong with the back. That means a painless Eka Pada Viparita Dandasana backbending.



Demonstration: *Arching over a horizontal bolster on a small stool - with the head on floor and independent stretch to the legs.*



Here the arch is more because the height of the body is increased. You can extend your feet against a wall, where in the next variation on the platform you don't get to extend to the wall. One leg is raised to go to Eka Pada Viparita Dandasana.

Demonstrations: Legs and torso on a raised platform;

[a] *The legs and body from the waistline up are on the platform - the upper torso is extended so the head is touching the floor. This gives abdominal extension. To go to supported Eka Pada Viparita Dandasana interlock the fingers behind the head - bend and raise one leg straight upwards.*

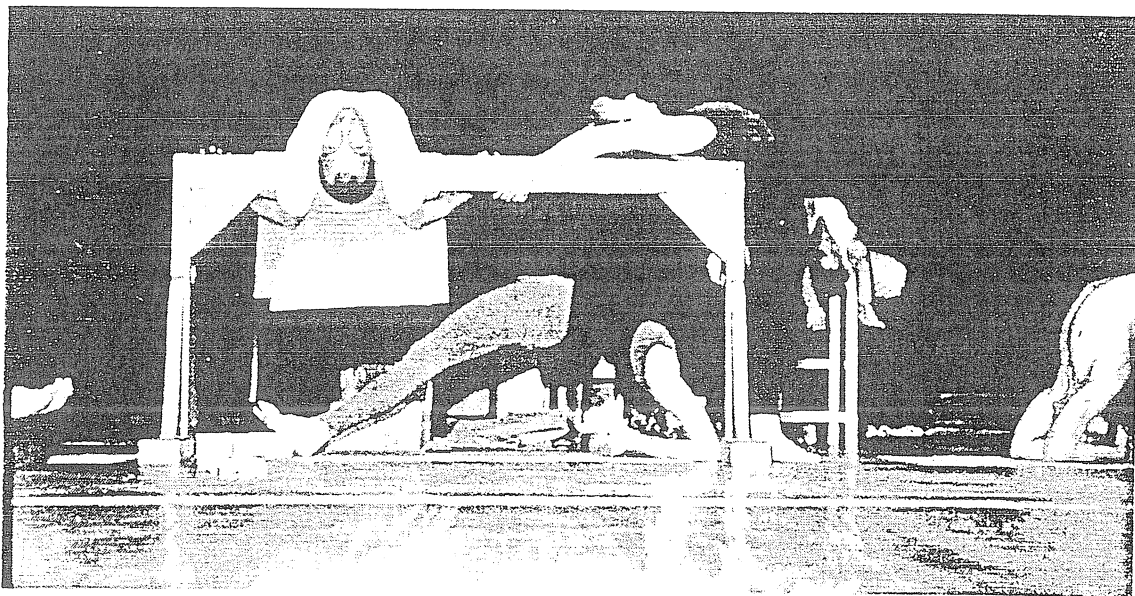
[b] *For chest, asthmatic or respiratory problems the bending should be only at the dorsal region. Move the upper body more onto the platform so the chest opens. The head has to be supported on a bolster.*

You have to see which portion of the body has to be activated and also the person's range of movement. If a person is unable to bend the sacrum region, the pose is difficult and they will complain that the back is aching. You have to see that the back shoulder blade is supported in such a manner that the chest opens and the back doesn't pain. Only when the range of movement improves can the person slide down toward the head.

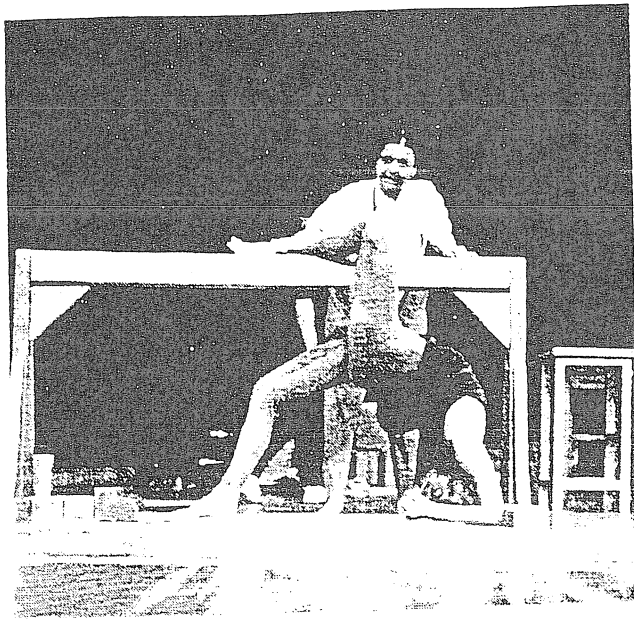
Demonstration: Curl the back over a horizontal bolster on a tall stool - this gives a dorsal extension since the support is given to the chest.

Demonstration: With the top of the trestler horizontal across the back - curl the back over - hooking the arms underneath for a better thoracic chest opening.

Demonstration: With the back of the legs against the end of the trestler - curve the back along the top of the trestler - the bending is from the lumbar region. Extend the arms over the head and hold the trestler to get further elongation for the lumbar region.



Demonstration: *Independent pose on the floor under the trestler - elbows supported at one end and feet with brick support at the other. With the elbows and feet supported you can press and activate to increase the arch of the body more.*



Demonstration: *To go to supported Eka Pada Viparita Dandasana hook ankle of the raise bent leg over top of the trestler. With the foot holding you can lift the back which is very important, especially for those who get back pain in this backbending. Often people complain of sacrum and lumbar back pain. This method helps to a great extent, because the leg is held on the trestler making the spinal muscles go away from the spine. That is most important in backbendings - the muscles of the spine should not hit the spine. They should go away from the spine. This action is not understood unless one continuously keeps doing and when one leg is hooked like this we find the spinal muscles extending away.*

Urdhva Dhanurasana

Demonstration: *For those who can't lift from the ground, if a little support is given they can go upward. Support the buttocks over a bolster on a small stool. Keep the feet and the palms on the floor and lift upward to the pose.*

To loosen the body do not stay but just go up and down two or three times to get the backbending action. The exertion is less to go down and to lift upward because already you are halfway up on the stool. When lifting from the floor it is against gravity. You have to lift the whole body upwards. Whereas, being on the stool, the body weight is less and to come up is not much exertion, but the body gets toned for back bending. So it is a good preparation.

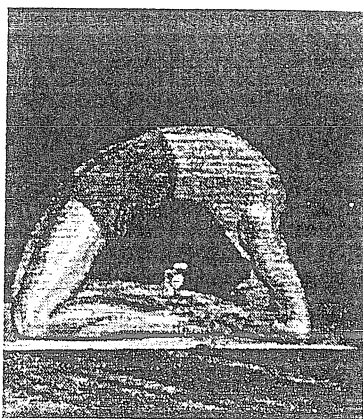
Demonstration: *Starting with the palms up on a platform lifting becomes easier and the chest opens more. Pushing from the arm is easier since the weight is not over the arms. You can lift your chest upward with the arms. Use this method for problems with the chest and the neck, and to work organically.*

Demonstration: *Urdhva Dhanurasana with feet up on the platform.* This is harder than the previous one, but it is good for the arms, since you learn to bear the weight on the arms. The elbows remain straight. You can walk in with the feet and lift the buttocks upward - then it is the pelvic region, which opens. To work organically somewhere on the pelvic region for different problems whether intestine or ovaries or fallopian tubes, we have to work more this way with the tailbone inside.

The method used depends on where one has to work. The body weight also differs. With the feet up the body weight comes on the arms and there is less weight on the legs, so that one can lift the trunk higher upwards. This method is especially for those who have thyroid problems. With the head lifted backwards the extension of the throat region relieves them from thyroid pressure, especially when it's swollen from inside.

Kapotasana

Kapotasana is an advanced pose done independently.



Demonstration: *Chair Kapotasana with the feet locked over the back rung of the chair.*



Hold the arms of the chair so there is less pressure on the throat. When a person with thyroid problems or pituitary problems takes their hands over the head this sometimes causes a further blockage. The hands holding the arms of the chair opens the chest and gives more extension. Keeping a bolster underneath the head helps the pituitary gland come to normal, especially during menopause when the pituitary is stimulated and the hot flushes increase. This pose keeps the head in a restful state, decreasing the hot flushes. You get the pose but at the same time there are no hot flushes.

Demonstration: *Arching over a horizontal bolster on small stool with the feet and shinbones on the floor - arms extended beyond the head.*

Here you get a good arch or opening of the chest. Especially with a heart patient we may not ask them to take the hands over the head. We ask them to be in this pose with the arms by their sides just like supported Ustrasana. It helps to a great extent to open the chest area and the breathing becomes easier. It is especially for those with angina problems. They don't get that heaviness of the chest.

Demonstration: *With the top of the trestler horizontal across the body - curl the back over - feet hooked on the middle bar.*

This is a further advanced action where the foot is gripped on the bar and the waistline as well as the hip region, is supported and the buttock region is curled under.

Sirsasana

Demonstration: *With a brick between the inner upper thighs and a strap around the middle thighs.*

This method is of great benefit for some people when the bladder becomes loose and the dribbling of urine begins as they just cannot control the muscles.

Demonstration: *With each shoulder and upper arms supported by a Viparita Karani box - the neck and head hanging between the two boxes.*

This method for those who have cervical spondylosis and who can't bear pressure on the neck. Here the shoulders are supported, the head is hanging down, and there is extension of the sides of the neck. They are fully supported so there is no fear of falling. Organically you are working there on structural problems causing neck pain, shoulder pain etc.

Sarvangasana

Now that props have become so popular there are many who want to do yoga. Those who were unwilling to do yoga have started taking an interest in it since the props make it easier. They can do a simple pose such as *lying down on the curved Viparita Dandasana bench* and enjoy it. They are not doing anything but they are still getting an extension.

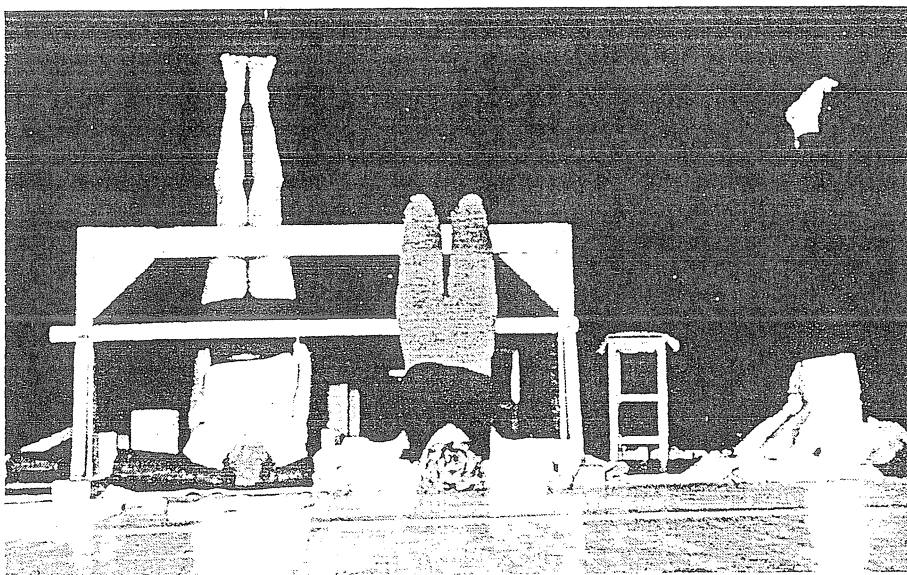
In other exercises such as running or walking there is definitely a kind of exercise happening where the heart gets stimulated. Jogging is becoming so popular everyone wants to do it. Undoubtedly these are the exercises that help to improve one's health because there is a definite stimulation to the heart but at the same time they can bring a kind of irritation. That means the heart gets stimulated and but also there is a kind of exhaustion and one is likely to get a problem.

Normally people don't want to come to yoga when they see so many complicated postures. They think that it is better to have a walk or jog to exercise. But when postures are made simpler such as doing Sarvangasana or half Halasana on the chair it is not at all hard. These poses stimulate the heart and at the same time get rid of fatigue. They don't bring any irritation. The blood is pumped to the heart so the heart remains in a healthy state. You do not get any kind of excitement in the heart so there is no irritation. They keep a person calm and quiet. If you really want to exercise you have the standing poses. When you don't want to exercise and don't want to bring any fatigue to the muscles, but at the same time keep the heart in a healthy state, then these are the postures which help.



Demonstration: *Trestler supported Sarvangasana with the legs hooked over the top of the trestler - shoulders on bolster/blanket support.*

This method of doing the pose is especially good for heart patients and for patients after a heart operation. They prefer to do Sarvangasana this way and gain better results. It is more beneficial than chair Sarvangasana. The hooking of the legs over the trestler takes off half the body weight. The leg hooking makes the body light so they can rest there. If they don't want to rest they can extend by holding the middle bar and lifting the chest upward.



Supported Niralamba Sarvangasana

Demonstration: *with the frontal thighs resting against the trestler.*

This makes the brain quiet. Often what happens when you exercise too much, when you walk too much or work the whole day with business, management etc, you don't go to sleep easily. You want to go to sleep but the brain has been so active you find the brain is not resting. So in this pose with the thighs resting, the eyes are quiet so you are quick to relax. You can have a bandage wrapped around the forehead and eyes and rest in that pose. You can go to sleep quickly - otherwise even though you are in bed, for a long time you can't sleep. This method puts the head in a restful state - otherwise with all that tension people suffer with insomnia.

Supported Supta Konasana

Demonstration: *with the legs spread supported on two chairs.*

This is very helpful for women especially after their periods. Do it this way so after the 6th or 7th day there is a drying up from inside - cleansing from inside. A soothing sensation is created from the inside for the whole organic body, which was exhausted by its physiological function for those 4 or 5 days.

Setu Bandha Sarvangasana

Resting Setu Bandha Sarvangasana is a very good pose. Like Viparita Dandasana it puts the heart and the brain into a restful state. With the props you can rest easily. Otherwise, those who are not accustomed to arching the back, obviously get pain if doing it unsupported.

Demonstration: *With a vertical brick support to the buttocks - the sacrum works and the rest of the body is extended.*

Demonstration: *Using the Setu Bandha Sarvangasana bench with a Viparita Karani box at the end to curve over is the most comfortable and restful. The chest opens. At the same time the legs are up on the bench so the back is arched without creating any kind of back pain. When starting, even on the very first day, the back is not going to ache, since the whole back and cardiac nerve is supported - the legs are parallel and the chest remains in a restful state.*

A Viparita Karani box supports the body - the legs are independent and extended downwards - so the bridge arch to the back is increased while the chest is supported.

Demonstration: *Setu Bandha Sarvangasana independently with the feet extended to a support is called bridge pose - the palms supporting the back is like a supported bridge.*

Demonstration: *Setu Bandha Sarvangasana supported on a Simhasana box (heart bench) is very comfortable. Here you can arch and lie down without any kind of tension and rest easily. The buttocks are on the high end with the body going down to the head side, which is supported by a blanket.*

Viparita Karani

This is nectar for those who do it. They realise how helpful the pose is because the head remains quiet, the navel region is soft, receding and the chest is well open. Hatha Yoga

Pradipika says that the sun - the heat - exists in the abdominal region. That is how we digest our food etc. So it is called Surya Chakra - the sun. The sun exists at the navel - that means the heat of the body exists there. But the moon exists in the throat. That is, the coolness of the body exists in the throat. When the hypothalamus - centre of the brain - is quietened, the person is absolutely quiet. In this pose the sun is up and the moon is down. The heat comes down so the sun becomes powerless and the moon becomes powerful. That is the explanation in Hatha Yoga Pradipika. So it is in a similar manner in this pose. The moon is down and the sun is above so that cools one down. The brain gets cooled down; the nerves get cooled down.

Demonstration: *against a support - the legs up the wall and the body over a bolster and blanket - with the eyes closed you can rest very well.*

Demonstration: *on a vertical brick - but it won't be the most restful. It is a little bit harder. Its halfway independent and halfway doing with the prop. The prop is to the buttock region, but the chest has to be activated to lift up.*

Demonstration: *on a Viparita Karani box at the lower level - the prop is also supporting the chest and the chest is up. That makes the difference. Also Viparita Karani box at the higher level if appropriate.*

Demonstration: Go up after doing *chair* Sarvangasana and proceeding to supported Viparita Karani.

Demonstration: Go up after doing *Setu Bandha Sarvangasana on the bench with a Viparita Karani box at the end* proceeding to supported Viparita Karani.

Demonstration: *Doing with the legs bent - calves supported on a Halasana box - the body is curved over a bolster and blanket.*

When keeping the legs straight, even if against the wall, and it becomes hard to do then this is another way of doing the pose. In this position, with the bent legs, you can be in a restful state. The whole blood circulation to the legs is stopped, to some extent. The venous blood is brought back towards the abdominal region. The circulation to the legs is arrested to some extent - in a sense it is not activated - so all that circulation is brought toward the chest so it gets its health back. The head is quiet since the chin is toward the chest. The chest curvature is such that the blood doesn't rush towards the head. Compared with Sirsasana where the blood rushes towards the head, it can't rush toward the head in this position.

If you want to restrict the blood circulation you can do so with different postures and different ways. Where you really want to maximise the circulation you can do so in different postures. This is how the asanas specially help to regulate the inner circulation. Each asana can be explained in that way - how the postures work on that inside area - where the circulation is restricted - where the venous blood can be brought - where you want the pure blood to be supplied.

Savasana

Often in Savasana when one goes flat on the back without any support you cannot rest in a proper way because the shape of the chest changes and there is a sinking inside or the head goes in the wrong position with the chin up. Sometimes the back has so much concavity that it gets lifted and the body doesn't rest in spite of lying on your back. You have to put your organic body at a certain level and in a certain position in order to get the rest.

In different styles you can do Savasana

Demonstration: *with the Simhasana box (heart bench) - blanket under the head and a slanting plank across the chest area - to open the chest more.*

This helps with asthmatic conditions, respiratory problems, or cardiac problems. It helps because the chest is opening more and, since the legs remain downward, they can rest. Sometimes the thighs just cannot relax. It is not a question of obesity; they just cannot relax. In Ayurveda we have an explanation for this - the leg is the area of vata. The thighs begin to throb so if we keep the thighs downwards and put a weight on them like a pillow or bolster - the legs recede. Once again the mind is not taken to the leg side. Once the mind is put into a restful state the mind doesn't get disturbed. But if the legs are throbbing the mind will come all the time to the restless legs. You won't go to sleep at night, even though you are in bed, if all the time your legs are moving and restless. You just cannot go to rest; the mind can't rest. But if legs are rested and become quiet, the muscles, the nerves - everything - becomes quiet. When that happens the chest gets lifted upward.

The chest gets lifted upward and the breathing becomes smoother and easier. If you put a weight on the heart patient's thighs they feel much better. The moment the weight is put on the thighs the chest comes upward and they feel more freedom. Similarly, if the head is not resting, small weights are placed on the head so the head rests. The eyes get quietened, the forehead gets quietened and therefore the resting becomes easier. Then you need not say how to go to the restful state - the prop takes them to the restful state.

Demonstration: *Savasana on bolsters and blankets - the wooden box is hard and if the back does not have a good curvature, it hurts and some people cannot bear it. They need to do it in a more sophisticated way - on bolsters or pillows, soft like a mattress but at the same time it gives freedom in a similar manner.*

Bhishmasana

Demonstration: *Buttocks on Viparita Karani box - 2 bricks (1 vertical height on top of 1 horizontal) supporting the cardiac area - 2 bricks (horizontal - one on top of the other) supporting the head.*

This supported posture has a story. The Mahabharata is an Indian epic story of a big volume. In this is the story of Bhishma who was killed in war. Although he was mortally wounded with arrows, it was not the right time to die. So, he had to remain alive until it was the right time to leave his body. When he fell injured his body did not touch the ground but rested on the arrows sticking out from all over his body. As he lay there, his head was hanging, so he asked Arjuna to provide him with a pillow so that he could remain restful. Arjuna sent three arrows into the ground to support his head and he didn't move from that bed of arrows. He lived for the next three months before he left this world.

Guruji thought about this story. They say it is a true story but who believes and who does not is a different question. But Guruji thought it over as to how the arrows supported the whole back body when lying down. Guruji thought that the arrows might have been touching particular areas in such a manner as to support the vital energies so he could remain alive. That is how he thought of using bricks like arrows to support the body. Imagine the centre brick like the arrows, is supporting the cardiac area and opening the chest. The buttock is lifted on a Viparita Karani box like the arrow support. The head is resting on a brick and supported like Arjuna used the arrows. In the army medical college in Pune, they have been taught to do this and their patients find a great relief from it.

Setu Bandha Sarvangasana

Demonstration: *crossways bolster first then a long-way bolster on top.*

This also opens the chest. People who have heart problems cannot stay in Savasana, but for them this posture gives great relief. They enjoy it and they can remain in a more restful state. For those who are in a healthy state Savasana on the Simhasana box will certainly be better than anything else. For those who have problems unsupported Savasana will not be good. Their mind will fluctuate so much that they just have to get up from the pose. Instead of that the other postures are given.

So I hope you understood the different ways of using the props. Those who are not practising and now feel like doing something the props will help you. Once the interest comes then they will perhaps begin to practise in an active way without the supports. The props have definitely served a purpose for those who have been unwilling to do; those who feel they are too old, tired, fat and therefore cannot do it. The use of props can attract them towards yoga because they can manage to do certain things. They can do simple things. Guruji, in the same way, can work with these props and handle different problems and medical cases.

Thank you very much.

RECOVERY / RECUPERATING POSES

CLASS FOR TEACHERS - First we start with the supine poses.

Supta Baddha Konasana

Bolster or use blankets folded like a bolster, placed horizontal / crossways so you open the chest more. Blankets for the head as required. Belt for the legs.

When the back is supported you have to see that the head is adjusted to a comfortable level. Don't throw the head back and don't bring the chin too much to the chest.

Belt buckle facing you so when you pull the belt it comes towards you from the feet. The buckle should not be on the flesh but in the space between the calf and the thigh, so the muscles do not get caught. Push down the belt at the back of the trunk, from the waistline, so it doesn't get caught.

Sit on the bolster / blanket - tighten the belt so it adjusts better - bring the feet closer - shin and thighs together - slide back to the floor. If the back waist is getting caught push the belt down.

Throat passive.

Tongue passive.

Relax the facial muscles. Eyebrow, eyelids quiet. You should not feel any tension.

As the chest is supported horizontally with the bolster/blankets, widen the sides of the chest. Widen the sides of the chest. Don't fold the arms at first over the head.

Keep the arms by the sides.

If the arms can't straighten bend the elbow but the upper arm must be horizontally open to the sides.

First open the top region to the sides.

Sternum bone, the breastbone upwards.

The structural adjustments should occur properly.

Press the bottom of the feet firmly on each other.

Widen the inner thighs, inner groins to the sides.

The bottom pubic region has to broaden. Aerate that area. It should be free from tension. If God had given you lungs in the pelvic region how would you breathe. If that portion of the pelvic region is caught you can't breathe. It actually hinders your thoracic breathing as well. Lift in such a manner so that the pelvis broadens and at the same time you open the sides of the chest.

Keep the armpit free from tensions.

Since the bolster is supporting you at the back, open the floating ribs to the sides. Broaden them.

Normal breathing.

Don't hit your breath to the chest or diaphragm.

First find out with the floating ribs going to the sides, how much space you have at the bottom chest region. As they go to the sides, with that vastness, allow them to have the freedom with the normal breath.

Close your eyes.

Tongue resting on the lower palate.

Eyebrows quiet. See how many have tightened the eyebrows.

Create space between the two eyebrows.

When you close your eyes the upper eyelid descends, but the eyebrows spread to the side.

Throat in a tensionless state.

Slow, soft exhalation. Slow, soft, quiet exhalation so the brain cells quieten.

The bolster/blankets should never come to the lower waist for beginners. That action is meant for those who are advanced in the pose. You have to first open the thoracic chest. This is an instruction to all. If you push the bolster/blanket too much to the lower waistline you may get broadening of the pelvic, but the chest and back suffers. For beginners it is not advisable to take the bolster/blanket straight away to the lower waist. It has to be at the waistline - more towards the thoracic chest, so it opens. Freedom should come to the bottom thoracic region. If it is not properly placed my instruction for the breathing will not come correctly. I may explain, but you will do it wrong.

After lying down for 3 minutes, when you feel the extension, you can bring the feet closer. As the body becomes more supple pull the belt tighter - heels closer to the body - improve and tighten it.

Don't become nervous - you will not break. Attempt something.

Widen the pelvic region.

Widen the groin.

Keep the sides of the navel soft.

Slow, soft inhalation from the bottom thoracic upward, gradually widening the chest.

As you widen the chest maintain that broadness from within and slowly exhale so the abdomen becomes soft.

Sides of the navel soft.

After a slow, soft exhalation normal breathing.

Eyes closed. Temples passive. Eyebrows down. Eyelids quiet.

After exhaling - soft slow inhalation - opening the sides of the chest.

Opening the sides of the chest with the inhalation - broaden it.

Maintaining that lift - slowly exhale.

Slowly exhale with the eyes quiet.

In breathing, don't touch any particular portion of your chest or any particular portion of your abdomen. Find out what space comes in the groin. You breathe in one place but find the pelvic, the groins and the sides of the pubic plate becoming soft, spacious from inside. Everything broadening from inside. Allow that space to get created.

Throat passive.

Slow, soft exhalation.

Similarly keeping the abdomen soft.

Slow inhalation breath, spreading the skin of the side chest so both sides widen - pelvic as well as chest.

Quiet exhalation. Cheeks passive.

Corners of the lips receding.

The frontal face completely receding to the back of the head.

Open your eyes. Bend your knees slightly closer and turn to the side so the back doesn't pain. Then remove the belt.

Supta Virasana

Vertical bolster and blanket or wooden brick for dorsal and blanket for the head. Adjust according to the equipment available.

There is a difference between Supta Virasana and recovery Supta Virasana. The position of the muscles should be so that you don't feel the strain. If the body is not supple you have to see that the elasticity of the muscles is created slowly, otherwise the muscles are pulled. If the muscles are pulled it takes a longer time to come back to a normal recovery.

There is a difference between the vertical/lengthways bolster position and the horizontal/crossways bolster position.

With the bolster lengthways - the chest is open and the spinal muscles are rested. The abdomen becomes soft.

When the abdomen becomes soft with a slow quiet exhalation, you can concentrate on the exhalation releasing your brain cells.

With the bolster lengthways the exhalation is deep and you reach your abdominal region.

When it is crossways - there is opening of the chest for a deeper inhalation.

In the Supta Baddha Konasana with the vertical bolster support - the chest was open - the inhalation breath was better because of that openness.

Be quiet, with eyes closed.

Cheeks passive, relax your facial muscles, eyebrows, eyelids quiet, temples quiet, pupils soft, tongue resting.

Keep the sides of the chest well open.

Slow, soft exhalation.

Roll the shoulders back, move the shoulder blades in - those usual adjustments.

Abdomen soft - sides of the navel soft.

Keep the inner groins receding downward.

Forehead quiet and still bring the forehead down, eyebrows down.

Upper eyelids further receding, descend with the eyelids.

Cheeks passive - tongue resting.

When the brain cells recede from inside they affect the exhalation - observe.

As the brain cells become passive from inside the exhalation is better.

Long, soft, quiet exhalation with passivity in the abdominal region.

It is like the exhalation breath is going deeper into the abdomen.

It is like the procedure of endoscopy that goes in deep without disturbing any cellular body.

You find you reach inside where the instruments reach.

So, with a quiet exhalation, reach towards your abdomen making it soft.

Everything soft, especially on the sides of the pubic plate, inner groins. Don't puff that area.

Don't puff your abdomen.

One more minute to go, watching that exhalation breath.

The pupils receding inside, but with a sharpness looking within.

No tension on the throat, sides of the throat, absolutely quiet, chin downwards.
As the cheeks recede, chin downwards.
If the chin goes upwards the cheeks ascend and hit the brain cells up.
Descend the chin and allow the skin on the cheek area to descend.
Allow the face to recede.
The moment you go inside observe how you reach within. Observe that.

Head of the femur bone descends.
Head of the femur bone should not get puffed, especially during the inhalation.
When you come to the end of the exhalation, the head of the femur bone completely descends so you form a kind of pit there.
If it gets puffed there is a tremendous tension on the lower abdomen.
Head of the femur bone descends.
For those who can't descend downward, an extra weight is sometimes put there.
Descend down - you have to watch for tightness and hardness.

Slowly open your eyes and then come up.

Adho Mukha Virasana - *resting - knees apart toes slightly in.*

Sit in Virasana then bend forward with the bolster, blanket pulled right up to the inner groin.
Now rest. For those who are very stiff in this forward bend and the buttocks raise upwards then support with a brick etc - otherwise sit down flat.

Pregnant woman - you use a Viparita Karani box - head on the box - blanket for the forehead - so there no compression.

Widen the knees and thighs but don't widen the knees too much.
Buttocks down - head of the femur down.
As the head of the femur bone goes down there is space for the sides of the trunk to go forward.
Extend the side trunk and create space for the floating ribs to move forward.
Move the shoulder blades into the body.
Sternum forward.
When the sternum extends and if you find the blanket is too close move the blanket away so freedom is given.
Move the back dorsal into the body.
Move that dorsal into the body - release the sternum forward.
Sternum forward, release that back dorsal into the body, side trunk going forward.
Those who are stiff in the armpits and shoulders have to extend the arms and descend the shoulder joint.
Shoulders down.
Extend the arms, take the shoulders down - don't have dome-shaped shoulders.

Now inhale and come up.

Adho Mukha Svanasana

Bolster, blanket, whatever required to support the head.

Palms down on the mat - walk back with the feet.

Extend the sides of the trunk.

Keep your feet slightly apart - in line with the outer pelvic level.

If the feet are too close, you jam. So widen the feet a bit so they are level with the outer femur bone.

Inner thighs well open.

Back of the leg open.

The key point is the knee.

Suppose the knee is bending - inner edge of the knee, inner knee, inner edge of the patella has to be sucked into the back leg. Open there.

Head quiet - sides of the trunk up - head quiet.

Some stay more on the leg side - some stay more on the head side.

It is a triangular shaped pose.

Your buttocks should be in the centre.

Realize the difference. You have to adjust your body weight or the pressure.

Know if you have more pressure on the head side than on the leg side.

You have to adjust the pressure and the length so you are equal on both sides.

If the pressure is more on the head side - come to the leg side more.

Take your legs back.

If necessary, adjust the blanket (head support) one more fold. Now move to the legs.

The digging or anchoring action should happen more on the leg side.

Often you anchor your palms strongly but you don't anchor your legs.

Anchor your legs - that means feet down.

Extend the back of the legs so the energy movement is from fingers to wrist, wrist to elbow, elbow to upper arm, upper arm to armpit, armpit to side trunk up to the buttock.

As far as the legs are concerned - the frontal leg going to the back.

Front leg to back thigh - front femur bone to the back of the thigh.

Kneecap to the back of the leg.

Metatarsals to the tarsals.

As though somebody is pulling your legs back. It is as though you are doing Adho Mukha Svanasana in the ropes. Adjust that leg action.

The head of the femur bone, exactly in the front, has to ascend upwards towards the buttocks so you equalize the pressure on both sides.

Uttanasana

Spread your legs.

Keep the outer edges of the feet to the edge of the mat.

Exhale and go down.

Hold the ankle - flex the elbows - widen the elbows to the side.

Spread the elbows to the side, then extend the sides of the trunk down.

Back of the neck soft - crown of the head receding.

Crown of the head absolutely facing the floor.

Back of the head quiet.

When you are extending down - be sober.

Be sober on the back trunk.

The skin has to become sober. It has to be soft, humble.

Humble the skin area of the back trunk so it drops down.

Tongue passive - pupils soft.

With eyes closed - observe which way the frontal thigh of the right is facing, left is facing and whether both thighs are rolling from outside in.

Open the back of the thighs.

Back inner thighs to the outer thighs, wide open.

Front of the thigh from outside in.

Move the buttock bones to the side as you are going downward.

Extend both sides down evenly.

Eyes quiet.

When you have to recover yourself if you keep your eyes tense the energy goes from the eyes out.

The eyes are the windows of the brain so if you tense them, the energy goes out.

When you look you have to keep the eyes open, but now from inside you have to observe what is coming, what is not coming, what is happening where.

Then inhale and come up.

Sirsasana

Blanket and belt for the top thighs (if available, one belt for the ankles.)

Elbows facing forward.

Keep the shoulders ascending.

Sides of the head upward.

Eyebrows quiet - eyes looking in a straight direction.

Lift the sides of the chest.

Back calf muscle, inner heel ascending - back of the legs well open.

Extend the inner heel - extend the inner leg.

Just breathe with the chest open - chest open well - don't hold your breath.

Outer thighs roll in - inner leg extends.

With legs straight, come down.

Sit in Virasana and bend forward

Women in period: Viparita Dandasana on a chair - head resting on bolster/blanket.

Feet down and extended to the wall, belt for the thighs.

Open your chest, shoulders.

Pregnant woman: Sirsasana against the wall with variations - Baddha Konasana and Upavistha Konasana, followed by supported Purvottanasana.

Geeta to pregnant woman: You can do Sirsasana comfortably against the wall. Move the floating ribs back. You need not stop Sirsasana. Sirsasana can be done right up to the end of the pregnancy, but sometimes it is Sarvangasana that bothers. You wanted to do all the classes with the standing poses, but when it comes to the inversions you say you are sick. Why didn't you say this morning that you were feeling weak, sick? I kept quiet because you are only having two lessons. I thought you wanted to learn, so all right learn something; but if you were my regular pupil, I would have stopped you. If you are feeling sick you should have told me in Adho Mukha Svanasana, Uttanasana etc, but you didn't tell me.

Do Baddha Konasana in Sirsasana to the wall - lift, don't puff, be quiet.
Upavistha Konasana in Sirsasana - from floating ribs to the pelvic head upward.
Geeta adjusted the pregnant women in the variations - used a strap around the upper buttock area - to make sure that area remained in position and didn't drop back.

Supported Purvottanasana - *curvature extension on the platform: Lying along one bolster with another one horizontally placed under the dorsal and blankets under the head - feet down on the floor.*

Chair Viparita Dandasana

Bottom of the shoulder blades cutting the edge of the chair.
Nobody should throw the arms straight away.
First take the arms by the side and hold the sides of the chair, then open the back trunk so chest pressure is lessened.
These steps have to be known when you are teaching others.
The pressure should not go towards the head side.
As in Adho Mukha Svanasana, the pressure should not go more to the head side.

When the back ribs are well open, only then take your arms underneath the chair and not before.
Take your arms back and open the chest.
Arms underneath the chair - move the shoulders back.
Turn the inner upper arms out.
Head back.

Keep your inner legs extended towards the heel side.
Inner thighs extend towards the inner heels.

Hold the arms of the chair. Shift yourself towards the buttock side then with bent knees press the feet into the floor and come up. Remove the belt.

Women in period: Viparita Dandasana from the platform - head supported on bolster and blankets.

Postpartum woman: Be well supported by the chair - feet up on another chair. Head supported on bolster and blankets.

Geeta to postpartum woman: You are not opening your chest and you say "My spine is paining, this is paining, that is paining". This morning I said that in this weather you are not supposed to move yourself. I am here only for 6 days, so my question is - what are they going to learn? You do not know what to do for her problem. It is important for her. If it was not important, I would not have taught her. (Indicated to the pregnant woman) Sirsasana is important for her. If it was not important I would have let her go - why should I bother?

Chair Viparita Dandasana

With crown of the head down - on brick/blanket/floor. Adjust feet up the wall.

Do so your chest opens further and you extend the legs.
Some go against that wall, feet up the wall, legs up and head down.

Remove the brick if it is too high or put the brick flat - to take the head lower.
Head down so the lumbar opens.
Open the sternum bone.

Bend the knees, walk in with the feet, hold the arms of the chair and come up.

Women in period: Baddha Konasana sitting facing platform, toes to platform.

Pregnant woman: Baddha Konasana in Viparita Dandasana, over platform - head supported on bolster/blanket. A blanket placed over edge of platform - 1 blanket folded 3-fold placed vertically along her back. Rolled blankets under her knees.

Student who was nauseous: Viparita Dandasana over platform, head on bolster.
Keep crown of the head down.
Whenever you feel nausea - extend the legs away.
The elongation at the waistline is where you lack the movement.
Hold the edge of the platform - the sides of the chest move to the leg side.

Geeta stood over student on the platform and pressed down on the hips.
This should be the pressurized when you feel nauseous.
Geeta also adjusted by pressing a bolster down on the thighs.

Women in period: forward bends while the others do Sarvangasana.

Chair Sarvangasana

A bolster or 2/3 blankets.

Sarvangasana with legs bent.

Make sure your shoulders rest on the support - just be there - quiet.
Feet pressing - the backrest of the chair.
Toes up - buttocks in.
Tailbone into the body.
Open the sides of the chest - lift the armpit chest.
Upper arms going down - lift the armpit chest.
Throat passive.
Shoulders get well fixed, but at the same time the throat is passive.

Sarvangasana with legs straight up.

Hold back legs of chair - hold it firmly and climb the trunk up.
From the back trunk - ascend upward.
Chest forward - eyes quiet.
Throat downward, chin downward - sternum upward.
You have to move the sternum to the chest, but when it comes to the chest you have to take your throat down, chin down and ascend the chest.
The technique is not a question of bringing the sternum forward or backward.
The sternum always comes forward - but why does it get jammed? It is because you don't descend the chin and throat.
The chin descending - throat descending.
Grip the chair and lift the sides upward, side ribs upward - go up with the side ribs.

Go to Viparita Karani - using the chair

Bend the knees, feet on the backrest of the chair so you first ascend and lift the side chest upward.

Fix your buttocks - by climbing up on the chair seat.

Lift the buttocks upwards and fix on the chair.

The chair comes into the body - the buttocks remain hooked.

Descend the buttocks and rest them onto the seat of the chair.

Raise the legs upward - up into Viparita Karani.

Open the chest, open your sternum bone and lift the sternum.

Pump the chest forward; extend the sides of the chest.

Hold the seat of the chair and lift the side chest - vertical lift of the chest.

Roll the shoulders back.

Side ribs pump upwards.

When you hold the back legs of the chair you get the movement of the shoulders and shoulder blades. The arms lengthen to hold the back legs of the chair and that gives a stretch to the shoulder and shoulder blades. If you hold and grip the seat of the chair there is a climbing up process of the chest. You go upward from the sides of the chest. Go up from the sides of the chest.

Bend your knees, now slide down gradually.

Demonstration:

Rest the legs back on the backrest of the chair in supported Salamba Sarvangasana.

It depends on the height of the chair.

The chair is too low so push a bolster between the seat and buttocks.

Rest your buttocks there; rest your buttocks on the bolster against the backrest of the chair - legs rest straight back.

We don't have a bolster for everyone to do it this way that is why we did it with legs up.

Independent Sarvangasana

Belt your arms, palms supporting the back.

Open sides of chest.

Lift your side trunk upwards - sides of the chest ascending.

Eyes quiet - forehead passive - forehead, temples passive.

Extend the back of the legs, heels elongating.

Side chest elongating.

One student was adjusted: Brick strapped between the head of legs.

Turn the outer thighs to the brick - outer thighs in.

Get the length - abdomen to head of leg.

Lift up.

Postpartum woman: Nirālamba Sarvangasana - from the chair - feet supported on the wall.

Chair - Ardha Halasana

Toes on the seat of the chair so you adjust your back.

First keep your toes there; don't put your legs inside (resting the thighs).

That is how you first adjust.

Keep the thighs upward.

The back should not pain when you keep your toes on the seat of the chair because you can lift the sides of the trunk upward.

If the back is aching - spread your feet one foot apart.

Right foot to the right edge of the seat - left foot to the left edge of the seat.

Lift your sides of the trunk upwards - never hit the centre.

Outer thigh higher upward, then the back pain is lessened.

If the thighs were on the seat of the chair the height of the trunk would have dropped.

Don't let the height of the trunk drop.

Postpartum woman: From a chair going into Ardha Halasana with the feet extended to the wall - legs apart - hands holding legs of chair.

A belt for the shoulders always after delivery - strap at very edge of shoulders, top of arm, and tightened.

Chair Supported Karnapidasana 1

Bring the chair closer to you. Pull with either the feet or the arms.

Bend the knees - knees slightly apart - knees go to the face.

Metatarsals hook on the seat of the chair.

Head passive, throat passive.

In this pose, when bending, roll the lumbar region forward slowly so you don't allow the neck to jam.

Release the back trunk - so the kidneys are pacified.

When you become exhausted - the kidneys get dried up.

Chair Supported Karnapidasana 2

Another way is to pull the chair further in.

Rest your thighs and knees on the seat of the chair and hook your metatarsals on the backrest of the chair.

Thighs remain in a restful state.

The length of the back is retained.

Climb up from the back trunk to rest on the chair - pacifying the back trunk.

It is more like a forward bend - the back gets rejuvenated here with this kind of movement.

Eyes quiet - temples quiet.

Pregnant women: Setu Bandha Bench/Viparita Karani box - 2 horizontal bolsters supporting the shoulders and head. Legs bent supported on a Halasana box and bolsters.

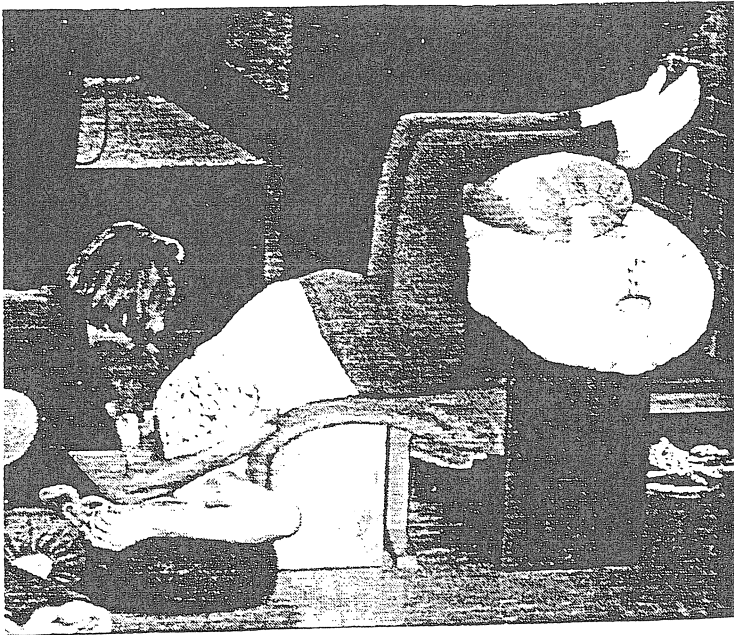
Don't go climbing down - go up - be well supported by the bench and box.

Shoulders - get fixed.

Widen legs - a little apart.

Pregnant women won't be able to do Setu Bandha. For pregnant women, Halasana gets restricted first, then Sarvangasana and then Setu Bandha gets restricted. Then they can only do Sirsasana and Viparita Karani. Viparita Karani is last. Actually, it is not Viparita Karani but Sirsasana that feels better. It is a safe pose, as the throat doesn't get choked.

They can do Sirsasana right to the end if they find it is okay. If heaviness is not there, they can continue even if it only for a minute or two - whatever they can do, with somebody there to help. Do Baddha Konasana and Upavistha Konasana in Sirsasana and nothing goes wrong. The idea is wrong that the placenta goes down and the child remains up. This problem is not in regard to the pose.



Setu Bandha Sarvangasana

With vertical brick support - legs strapped - feet extended to the wall.

Tongue - resting downwards.

Chest - upward.

Savasana

Brick at its lowest level - lengthways along the back - blankets for the head.

Lie down with a brick support to the dorsal like a small bolster.

Have enough blankets for the head so the dorsal is well opened.

The sternum is in the front - feel the brick behind as you as though there is another sternum bone at the back.

The brick should not be near the waist.

The brick is supporting the centre of chest so allow the chest to move freely to the side.

Don't hold the centre chest too hard or too strong as the brick opens the chest.

Just allow the chest to move freely to the sides.

The skin fibre, the sides of the sternum and the ribs get the freedom to open.

The brick itself opens the chest.

Be passive. The brick does the rest of the job.

Cheeks passive.

Throat and tongue passive.

Eyebrows, eyelids quiet.

Cheeks down - tongue down - look down.

Forehead passive, tongue resting.

Let go with the head - let go with the temples.

The brain cells receding downwards.

As they are recede downwards feel there is a single flow from the head to the chest.

The exhalation breath is like a single flow going from the crown of the head down.

You may not have the length of the exhalation. But whatever the length of exhalation you have - allow the brain cells, the cellular body, the skin fibre, the muscle fibres, everything, to go down.

Release especially the muscle fibres and the skin fibres completely from the inner grip - from inner tensions.

From the inner grip - release the skin fibres, muscle fibres - let go. Then they calm down at once.

If you keep your eyes closed and your brain is tense - you are thinking of something.

The body cannot relax in spite of having a supine position.

Aim in a short period to let go - in such a manner that you calm yourself down.

The eyes from inside look into the chest, into the body.

The eardrums have to be drawn in; they have to reach in to look, listen, and feel.

Let go in that manner.

Quiet, passive breath, pensive breath.

Be absolutely pensive.

The brain cells, nerve fibres getting absolutely quietened.

No irritation from inside.

No hardness from inside.

No grip from the lower jaw.

The lower lip down.

The lower jaw downwards.

The abdominal skin that is just below the thoracic has to descend down like you find a small waterfall. From a small waterfall the water curves and descends to the lower level. The skin fibre from that higher level to the lower level should descend in such a manner.

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TEACHERS'

STUDY

BOOKLET

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A compilation of teaching concepts by Geetaji from the teachers' classes.

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Tadasana

When Patañjali says in the first sutra, *atha yogānusāsanam*, he is attracting our attention straight away to yoga. All pupils have to be mentally prepared to receive the discipline of yoga. Similarly, the first sutra of Tadasana is "Bring your toes together". The teacher's eyes should be like a camera looking at the toes to see that the toes are together. The eyes have to be very quick to catch if the students are doing what was asked.

Student/teacher instructed: "Lift the toes - extend the toes. Lift and extend heels. Broaden and lengthen the bottom of the feet. Open bottom of feet then stretch knee to shoulder. Spread toes out to the side".

Geeta: How? I want the inter-linking. All these points may not come in a day. Her theory is correct. You repeat the instructions for the feet that Gurujī has been saying all these years, but when actions are not coming then you have to search. Are the instructions meaningful? Where do they lead? Where should you guide? How to penetrate further?

The instructions, "Keep your outer toes extended, cut the outer ankle in and lift the inner ankle up". That is the principle but where is the inner connection? When the cellular body doesn't listen, what will you as a teacher do?

Demonstration: Have them adjust the toes with their fingers. The students have to come in contact with their own feet. Have them adjust the feet with the fingers so the toes open and face forward. Watch if the small toe closes in then the ankle gets puffed out. This is wrong. When the small toe turns and moves out the outer ankle cuts in.

Demonstration: Look at this student - legs, shoulders, everything is tilting, lopsided. The teacher has to find out why he is tilting and how to correct this. One side is doing Tadasana and the other is doing Savasana. One side is broad, one side is contracting. The first basic mistake is the feet. The instructions given are to open your heels; open your toes; broaden the feet. What has to be done is measure the left foot, measure the right foot. See the difference there. Open the contracted right foot completely without disturbing the left one.

Look at the back of the heels. How the skin is turning, moving. Differentiate the behavior of the skin. Is the skin hiding underneath the foot? Is the skin coming out from the foot?

Go to Uttanasana and adjust with the fingers. Open the skin on the heel from inside out. Maintaining that, then adjust the toes (with fingers). If you can't find out the difference there find out on the calves, thighs etc. Maintain the toes and move the skin of the calf. Open there. Only the leg was adjusted. I never said anything about the chest, yet it adjusted.

Demonstration: Come and look how the shoulders are one forward, one backward. Look, one leg is like a polio leg and one is quite broad, strong. Open the back of the thigh from inside out. Further awakening has to occur to adjust the shoulders. Watch the length from inner edge of the knee to inner edge of groin. Watch which inner knee is collapsing which is going upward. On the collapsed leg move the

inner knee bone to groin upward - don't bring it forward - lift it to the groin upwards and see what happened to the chest.

Demonstration: Watch the knees, thighs, inner groin. How will you lift the inner knee to inner groin?

The instruction is inner knee to groin but inner knee to groin where? With the feet joined there is no life. Spread your legs one foot apart to know the groin. The groin has a centre, a front and a back. Draw a line from the inner knee upward to the thigh. Is it inside or outside? It should be centre of the inner groin. The root of the thigh rolls deeper in, but the inner thigh suck upward; suck the skin right upward to the inner groin. Student/teacher said, "Tuck the tailbone in", but this can be wrong if the root of the thigh came forward.

Some can adjust starting from the bottom of the feet and some can't. The teacher has to find out if they can open the bottom of the feet and suck the inner thigh upward. That releases the bottom of the feet more. Some can't start with the bottom of the feet. The intelligence is blocked in the top thighs. The thickness of the body doesn't allow the intelligence to penetrate. The sensitivity doesn't reach. If the frontal middle thigh is very gross there is no understanding. Open the middle of the thighs backward, as this is the very sensitive skin of the thigh, then move inner knee to inner groin upward.

Demonstration: Connected to the teacher's instruction - lift the side ribs upwards. Are you watching their side chest move upward?

In his case the ribs are not level.

Left side bottom ribs are down. Dropped. Though broadened to the side they are dropped.

On the right side the ribs have gone vertically upward but are not touching the skin. He has to levelize.

Left side skin is not at all going up, so open side chest up.

Right side ribs are not touching the skin (left are). Touch it. Open the skin to the side horizontally.

One shoulder is back. One shoulder is forward.

After opening the skin to the side chest, lift the sternum bone and the shoulder opens. You have to know from your own practice the movement inside. Sternum lift is connected with the shoulders. Side chest lift is connected to the armpits.

In her case the middle side chest is collapsing. The armpit/chest is not opening. It is wrong to think that in taking the arms back the chest will open. It is not the shoulder moving, the side chest has to lift higher upwards. Until the side chest opens further I won't touch her sternum bone. Middle side chest has to open.

Demonstration: On students with problems with the sternum bone and clavicles. Shown from the front there was tension at the base of the throat. Shown from the back look at the trapezius.

To open the top clavicle move the trapezius completely down.

Drop the trapezius skin. As the skin drops lift the top chest.

Move the trapezius down.

As the trapezius skin moves downwards, broaden the clavicles.

Open the top clavicle.

Don't do anything with the arms.

Both shoulder bones have to roll slightly back.

Widen the shoulder bones to the side - widen - coming in contact with the trapezius.

Move the upper arm slightly backward.

Take the trapezius down lift chest upward.

Bring the head to the centre without collapsing the chest.

Demonstration: One side of the chest is lifted up. The side of the chest which is not going up is blocked at top front chest. For these cases, any adjustment has to be seen from the back. Also, for them in Sirsasana, their trapezius will be going down. Teachers have to understand the internal connection. As the shoulders move, the trapezius at the back has to descend down and come closer. The penetration has to reach there.

I said "trapezius down" but it's not coming; "shoulders back" but it's not coming; "open the clavicles" and trapezius is still up. In this case to take trapezius down she has to take the upper back down. It is hard to move. It is stiff, and in 10 years it will be stiffer. Are you going to ask in 10 years what to do for arthritis, osteoporosis? If arthritis is there, then osteoporosis is there.

Anything can happen when there is no circulation. Correct now when things are going wrong. Look at the tension in the throat area. If she keeps on like that it may create tension in her thyroid. Move sternum bone up. Move the shoulders back more and open the chest. She is gripping at the floating ribs. Widen the floating ribs to the sides. Can you see how much she was gripping the diaphragm? Move, see, that is called freedom from within.

Demonstration: The fault looks as if it is at the front. The teacher's instruction "Drop the arms and take the arms slightly back" did not work. The upper arm skin is hiding inside. Move the shoulders back. Move the inner upper arm out and now extend the arm. Move the shoulder bone back and roll the inner arm because otherwise it will certainly give pain in Sarvangasana. The thickness is already showing in her upper arm where circulation is not occurring. Roll the inner upper arm out. Connect the inner rolling action of the arm to the shoulder. Move the shoulder back.

Utthita Trikonasana

Legs and arms extended wide apart

Geeta: The question is, what is the distance between feet? You may ask a beginner to spread their feet - four feet or whatever apart. The student/teacher said "Take the frontal thigh to back thigh. Adjust your feet like Tadasana. Base of the big toe to base of the small toe open". What did it mean? She said "Adjust the distance" and nobody adjusted the distance either out or in. How will you decide?

Her instruction was "Take the front thigh to the back thigh, suck it back". After sucking back, she lost the link. She said "Adjust your distance if you want to". That means what she was seeing with the thighs was not satisfactory.

When moving the front thigh back this movement gives some understanding.

Are you satisfied with the distance?

Is the balance of stretching there on the right leg, left leg?

The link she lost was - when you are taking the frontal thigh to the back thigh, move the inner edge of the knee to the top thigh.

Find out where the sensitivity reaches.

Does the skin of the groin have the same lift as the skin of the middle thigh? Middle knee same as middle thigh?

Does it lift right up as in Tadasana? Lift that.

Suppose the awareness is not ascending right up to the top. That means you are caught somewhere. More distance is required so you reach to the inner thigh.

In Tadasana, she said "Inner knee to the groin".

Is it not her duty now to see that the extension comes - inner knee to groin?

When you stand with the legs spread apart does the skin have the same lift?

With the legs spread - first take front thigh to back thigh - suck it back.

Hit the inner thigh out.

Move front thigh back. Lift the inner thigh to the groin and hit the inner thigh out.

Student: I feel my inner thigh better with my legs closer.

Demonstration: Spread more and lift the inner thigh upwards. Then bring your legs closer. Now is the skin on the inner thigh going down or ascending?

Group answered: Going down when legs were closer.

Geeta: She says her awareness increases how can this be? She doesn't want to lift herself. There is laziness in that area. She thinks she is standing perfectly and the inner thigh has gone up. Now move the inner thigh higher upwards, slightly back and up. Now spread your legs apart and increase the lift upward. When the legs are apart you have to work harder. It is a vertical action from the foot to the knee. On the inner upper thigh it is horizontal. You have to be strong there on the inner thighs.

Student: How do you know what is the right distance for you?

Geeta: You have to adjust. When you stand you are OK. You say "I feel I am fine I am lifting upward". But when you go into the pose you realize you are getting stuck. Something is overlapping at the inner upper leg. Unless you spread a bit more it is completely unknown.

Student: Is it to do with your height?

Geeta: No. It is the stretch of the inner leg. Your inner leg has to stretch from knee to root of the thigh. The whole abdominal extension depends on this area. If you shorten your distance and go to Trikonasana then the pose doesn't do anything on the inner body. It is leg stretch, arm stretch. It is limb work. It is the outer body working, but the inner body is not touched. Work the outer feet and lift the thigh. Hit out the inner thigh to get the grip on the feet. This is what has to be connected. When the distance is less your knees are not working. The thighs are not going up.

Class doing: *Turn the feet. Left foot - turn well.*

Student/teacher said going into the pose: "Extend the left arm further to the left when you are taking the right hand down".

Geeta: For what purpose? Where did the instruction go wrong? It certainly is not opening the chest. The angle is changing. The spine is tilting. One spinal muscle is going one way and one spinal muscle is going the other way. They are not parallel to each other. Word by word if you follow this instruction you will be wrong. There will be a locking on the left ribs. There should be space to open. You can keep the left side ribs open by bending the left elbow and placing the hand on to left hip.

Before going into the pose the arms are in line with the shoulders. When moving into the pose the right arm has to go down. The right armpit opens, therefore the left armpit should open. It can't be pulled back to the left or it will drop and become uneven. The direction changes. The left has to come with the movement. The arms move in a level line.

Levelize the side chest.

Keep the arms firm; elbows firm.

See that the armpit chest is open.

Stretching of the arms should not close the armpit.

When going down in Trikonasana the right side ribs elongate.

Maintain the length in the trunk.

Move the shoulders back. Lengthen the inner arm.

Demonstration: In Trikonasana with legs not wide enough apart - the left hip is bulging up. The pelvic area is not opening; her pelvic area is tight; she is locking. To get the extension just move the left foot back to open the pelvic space. If pelvic area is not open it could create problems like cysts, fibroids. You are restricting the circulation. When you have a sticky mat, slipping is not a problem - so open.

Demonstration: When going into the pose, if there is pain in the right ankle, lift the toes and the sole of foot up. Be on the heel only and go down. Keeping the foot down is a contraction for some people. With this problem keep the foot lifted - use a support e.g. foot up the wall.

Virabhadrasana 2

Legs and arms extended wide apart

Student/teacher: Keep all the fingers together - thumb against the index finger then extend through the extremities of the fingers.

Geeta: The fingers are together, the thumbs and little finger. Are you happy with the instruction? What was the purpose? I am not happy with this teaching. The arms are lifeless. The teacher should see if they did it. The hands are not even straightened. When I questioned the student/teacher he talked about energy. If you want the energy to flow what will you do? If there is a dent inside will the energy flow? Did you remove the dents? Did you observe some wrists are up some wrists are down; shoulders are contracting; upper arm length shortening?

This is all Guruji's work - fingers together - fingers open - palms down - palms up - he has taught so many things. So where is it leading? You have to find out.

Stretch the arms.

Where are the fingers facing?

Where are the tips of fingers facing?
Watch - where is the right hand, left hand?
The one that is going down is heavy. Move it out - open the inner under arm.
Have you any dents?
Arms spread - both arms balancing.
Charge your fingers - charge your arms.

What difference does it make just keeping the fingers together, tell me? What if the palm does not open? You have to open the fingers. Energy might not be running at the inner knuckles properly. Your wrist might be going up. How will you allow the wrist to get extension? That is Iyengar Yoga. Haven't you heard Guruji asking questions? Guruji has to ask because how long can he go on telling you "Move the trapezius, biceps" for years, again and again. So penetrate and find out.

See how the energy is touching everywhere. If my energy in the arm has to touch everywhere it includes all the arm - biceps extension; shoulder extension; shoulder blade extension; armpit; fingers; knuckles; everything. Otherwise the energy can't flow. So when Guruji says "See if the energy is touching everywhere", I will add all those points, because unless you do that the energy will not touch.

Turning the feet

Knee has to turn.
The knee cannot turn unless the thigh turns.
Immediately add the instruction - turn the knee - turn the thigh.
Move the right shin more. That is the force of the language needed.
The quadriceps have to turn - all the muscle turns.
Lower turned so upper quadriceps has to turn. It is all one muscle.
Correct in a fraction of a second. Turn the right knee out and move the inner edge of the left thigh towards the outer edge.

Bend the right knee.

When you ask them to bend the right knee - watch their knees. Are you happy with their left knee? If not correct, connect quickly - as the right knee bends, move the left thigh/knee back.
Open the chest and move the left thigh back.
The instruction to open the chest and move the left frontal thigh back has a connection. Observe - move the left front thigh to the back thigh - open the chest forward when the thigh is going back and see whether the balance comes or not.

Bend the right knee - charge the left arm.
Charge the left arm and fatigue is less.
Check their fatigue. When they are tired, they want to come up. They are losing their temper with you. (Geeta uses a stern loud voice) Left upper arm charge and move the upper arm to the side. (Laughter)

Legs and arms extended wide apart - before going to the other side.

Student/teacher instructed class to rest there with the arms down.

Geeta: Hands on the waist. Never down. If the hand is dangling there is a blockage to the armpit. You may say "Relax the arm", but a dangling hand

collapses the armpit more. It is not the way to recover. Keeping the hands on the waist keeps the energy circularly rolling inside. This is similar to the folding palms for meditation which keeps the energy rolling inside. Everything - bones, muscles - needs to rest when you have extended them for a long time. Keep the hands on the waist if you are tired. You are then in a relaxed state. You breathe and the chest opens.

Legs and arms extended wide apart - turn the feet - bend the right knee.

Hit the inner thigh out - keep the arms in line with the shoulders.

Why are your arms coming down? Lift your side arms upward.

Left side right side ribs - look which is forward which is backward.

Right side is forward, left is back - so adjust.

The feet distance is to make a square when bending the right leg. There are people who are nicely bending their knee. For others, bending is a problem.

Demonstration: The stiffness in the buttock is a personal problem and it cannot be adjusted by general instruction. The first action is turning the right thigh, turning the knee completely out - turn. If it is not turning, if it is not responding, the right foot has to turn outwards more, so the lock is taken off the inner groin and the inner knee. Flex and move at the inner knee. With a knee problem - turn the foot out more so the knee can turn out.

Utthita Parsvakonasana

Student/teacher: Left inner ankle to the outer ankle.

Geeta: What will you do when the inner ankle doesn't go to the outer ankle?

What is the next point you have to add?

What will be your instruction to see that they do it?

Student/teacher: Press the outer edge of the foot.

Geeta: Now outer edge of the left foot is not getting pressed.

Charge the inner left thigh - inner left shin.

Now you have to find out who hasn't charged the inner thigh, who hasn't charged the inner shin.

That is what is called teaching.

Inner thigh - suck up - lift that inner thigh.

When they were in the final position the left heel came up (incorrect).

That gives you a clue as to what they are likely to repeatedly do wrong.

Connect. Before going to the pose bring the awareness on the left side.

Charge your right arm. Charge your left arm more. Charge your left leg.

The student teacher said for the pelvic "Make a box"; he said "Square pelvic, square chest". What does he mean by that? He used those words. He used all those words regarding the arms, fingers, thumbs, but he didn't say anything about the leg. That is why, when you went to the pose, the back leg went to a sleepy state.

In a general class - in quick action you have to say:

Extend your left arm - left inner thigh upward - bend the right leg.
Bend the right leg - charge the left.
Left inner thigh charge - then bend the right. Bring the awareness there.
Charge the inner thigh up.

Uttanasana

People ask, "Why don't you say anything about the breath?", because most of the time people breathe incorrectly. In pranayama, when you are sitting quietly, you make so many mistakes. How many mistakes might you make when you are moving?

Preparing to go to Uttanasana with arms folded and lifted above the head.

The student/teacher said "Inhale". For many, when inhaling in this position, the abdomen puffed. The puffing of the abdomen in inhalation is wrong. Talking about the breath is a very tricky thing. As the breathing occurs the anatomical body and the physiological body should not change.

From the pelvis to the floating ribs - lift higher up.

Go higher upward, then the inhalation is not connected in the abdominal area.

Inhaling in the abdomen is wrong.

Lift from the pelvis to the floating ribs in such a manner so the inhalation is on the side.

Inhalation and extension both synchronize so you don't get the puffing.

Back of the thigh open well. Open well.

Abdominal area soft so you can't puff it when you go down.

Outer thighs - rolling in action.

In Uttanasana - a pregnant woman was given blocks for the hands.

Turn the toes inside so the abdomen doesn't get caught.

Demonstration: Another pregnant woman in Uttanasana.

One leg opened well one was still tight. Tighter right side has to turn more - turn back thigh, inner to the outer side, more and more. I'm still not happy with the right leg. The thigh is not opening. Geeta took *2 straps - one around each leg at the inner groin - held to the side*. Hold. Support the left because it is the stable leg. Pull the right strap further to the right. The right has to move out.

Parsvottanasana

The wrong instruction was given - to have the arms like Virabhadrasana 2 extended out to the sides shoulder height then turn to the side.

Face front. Take the hands on the waist facing front then turn to adjust the extension of the trunk. You may question why does it matter, after turning, whether you take the hands on the waist or keep your arms and hands out to the side shoulder height? When the hands are wide apart, the heaviness of the arms is on the waistline, which doesn't allow the waist to turn more. If you are going to take your hands on your waist or if your arms are up like Virabhadrasana 1, things are different. Whether the arms are up or the hands are on the side or in namaste it has to be corrected from the front first. In Parsvottanasana, namaste placement of the hands is corrected from the front.

With the palms on the waist, measure the lift of the trunk, vertical extension of the trunk. If you take your hands up like Virabhadrasana I then it is a different movement altogether.

Class doing:

Keep the hands up like Virabhadrasana 2.

Turn your right foot out, left foot in. Feel yourself, what happened with the left back diaphragmatic region? It holds, it is contracting. The muscles on the left back get pulled back because stretching of the arm on the side is connected with the back diaphragm. The left corner of the diaphragm won't turn freely.

Now come to the front, hands on your waist. When you keep the hands on your waist, what happens to the corner of the diaphragm? Observe - it turns freely.

Arms up like Virabhadrasana I - will be difficult, a little bit more advanced work. Front facing, extend arms upward - elongate side trunk. Now you have that vertical space for your diaphragm. The diaphragm has more space to go up and down, as it wants to. Turn to the side and observe the back trunk. What happens? Find out. Compare. When the hands up the extension is more.

When the hands are extended out to the side you could not turn. You got caught. When you took the hands to the waist you could turn easily. When the hands are up you have the freedom. But with hands up and turning where did you get caught, tell me? Many answers - sacrum - kidney - sacrum kidney - ribs - lumbar region. When you stretch your hands like Virabhadrasana 1 you have free movement as far as breathing is concerned because you are definitely not caught at the diaphragm. You move freely there, but the restriction is the sacro-lumbar region. When turning in Virabhadrasana 1 you have to turn the left foot in a little more so the sacro-lumbar region turns - release the whole area.

When you turn for Parsvottanasana with the hands on the waist - this releases your diaphragm. Hands out to the side, as in Virabhadrasana 2 - locks you more.

There is a pose when you turn to the side - hands as Virabhadrasana 2 stretching out to the sides - then you bend the right leg. It is called Vimanasana meaning airplane. It is also one of the poses which we very rarely teach in the classes. This works on the diaphragmatic region in a different way.

For beginners or a pregnant woman I will certainly say take the hands on the waist for Parsvottanasana. Parsvottanasana with Virabhadrasana 1 upward arms is also allowed, but why it is allowed you should know. Why arms out to the side for Parsvottanasana is not done you should know. Know the difference. Somebody can have arms out to the side for a change. Then say "We have changed a bit from the Iyengar method". If somebody says that Guruji teaches like that but I think I prefer like this - fine. But we know what is happening. You may go to a restaurant and order something, anything off the menu, but it may not be good for your health. What is preferable is not always good for your health.

In Parsvottanasana - hands on the waist when you are not doing namaste.

Left leg - the instruction is shin goes into the calf - not shin into the knee.

On the back leg, if you say, "Shin to knee" the back of the knee will not open.

Right shin goes to the calf and moves up toward the knee.

The left shin doesn't go toward the knee - penetrate, move the shinbone to the calf muscle - open the calf - then stretch comes.

Move the shin back to the calf. Go! See it is working on the knee.

Penetrate until the shin touches the calf.

How the awareness has to come - that is another point. You talked about the awareness. That means it stretches; you have to feel; you have to touch those areas. The instruction "Shin to the knee" will not bring any awareness. If you say "Back leg shin to knee upward" you won't be touching your back knee. Your mind doesn't touch the back of the knee. But if I say "Move the shin and touch your calf" you see it touched there.

The instructions are important, but it is not just anatomical explanations. They are included because when you talk about the soul the body is included. People say "Talk about the higher level, about the soul". You can't speak about a soul without the body. A soul without a body is a dead body and you have to follow the ghost! Self-realization is not pressing the ghost. Self-realization is pressing the self which is within and is very much with the body, with the mind. It is not the ghost.

When you talk about the consciousness observe that the shinbone has reached to the calf. One instruction is enough. The anatomical instruction, "Shin to calf", so awareness increases. But if it is "Shin to knee", the consciousness fades at the back of the leg. It fades. It doesn't touch the back of the leg at all.

Feet in line. The teacher has to come and watch from the side (the students are facing the sidewall after turning). See if both feet are kept in line or not; where the defects are; correct the distances. If they can't align the feet - move - use the edge of the mat as a line and align the feet. You have to be quick to see whether they have kept their legs in line or not. Only if the feet are kept in line can you adjust and turn the pelvis. Turning will not occur if the feet are not in line.

Demonstration: Using the centre line marked on the mat - the right foot was well to the right and left foot too far off to the left. This broad stance did not allow the correct turning of the pelvis.

Student: Should the distance between hips correspond to distance between ankles?

Geeta: She wants hips and ankles in line. When you stand; you see your front and not what's happening at the back. Nobody can see a slipped disc at the back even with a mirror. You are judging from the front.

Her inquiry was - are the right heel and the right inner groin, left heel and left inner groin to be in line? For that purpose she moved the right foot to the right and the left foot to the left (broadening her stance). This is the quick thing to do but it is wrong.

The general knowledge is the right thigh and right heel have to be in line, the left thigh and left heel have to be in line.

We want the feet in line.

Adjust by firming the inner upper thighs.

Move the left inner thigh at the back - roll it from inside out.

Her question was right but her mental application was wrong. If she does it that way (broad stance), she will never do the work on the inner leg.

*Demonstration: A plank parallel to the floor - placed between the top inner thighs
The plank was held against the right inner upper thigh at the front and pushed into
the left inner upper thigh at the back.*



She needs to stretch the inner thigh and not change the alignment of the feet.
As she goes down she should not move her front leg - it is the steady leg.
Steady leg remains as it is and the back leg has to turn.
Her way - broad stance - won't work organically on the body.
It may look nice from the outside but organically it doesn't work.
It won't correct the spinal position; spinal muscle position.
It won't bring a proper concavity to the back.
Correct alignment will bring the concavity.

We are not teachers to say "Whatever is convenient do". Taking this easy way is not possible.

Demonstration: *Hands down - concave back - separate the buttock bones.*

This will help especially for those who get very bad lower back pain.

Extend the trunk on the left side more.

I remove the plank, stay and turn the left back of the thigh inside out.

Demonstration: *With the hands on the waist going half way down.*

Her distance is less, see from looking at the posture.

Her head goes beyond right leg extension.

Using the centre line marked on the mat - lengthen the stance - left foot stepped back.

Student: What if the back heel doesn't stay down?

Stretch the inner thigh.

The inner leg cannot be surrendered.

Distance you have to find out yourself. I think I have already answered this thigh business in the first Trikonasana legs apart. The problem was solved there.

Demonstration: *Hands on the floor - head down.*

The left buttock was raised like a thick bulk because the narrow stance is not giving a proper experience of extension. Short stance showed the bulkiness. Longer stance removed the knots and bulk and there was sobriety in that skin fibre.

With the short stance the left buttock was like a wrestler - not only high but the skin projecting like a wrestler. Why that hardness? Why that fighting? The longer distance is for you. Why are you fighting it? A beginner cannot spread the legs because of the fear complex. You have to have confidence. You are not beginners. You cannot have this hardening. The distance has to be adjusted.

Demonstration: If the pregnant woman does the same type of thing, there is hardness and it is not going to help at all. She has to see that the legs are extended. Extend the legs - open. The shorter distance gives compression, so circulation is restricted. Spread apart; take the space.

A beginner cannot understand distance. The legs are slippery. They have no control over the muscles. You say, "Spread apart your legs and see if you can balance. If not take the feet in a little". Balance; learn balance at the beginning. Balance is important. When it is not a question of balance, have correct alignment of the legs and then they can work internally. This a teacher has to know.

Don't stop the instructions at the heel position - "Pressing the heel" - fine. You press the heel for what purpose? You have to lift. Did you lift the leg? The instructions go wrong if all the time, you just say "heel press". When pressing the heel are other things getting adjusted? If nobody is pressing the heel you may emphasize that they are not pressing, but penetration should come. What are they to do next after pressing the heel? The heel pressure is meant to lift your inner edge of the thigh upward; the front to the back of the thigh. Extend the back of the leg when you press the heel. The leg has to get full extension.

Right front foot inner heel pressing.

Shin lifting upward.

Connect - right inner heel pressing - stretch to inner shinbone.

Inner knee bone goes up.

Right inner knee goes up - suck it into the thigh.

Press the heel - move the quadriceps muscles up and back - connect that with the inner heel.

Heel down - move that inner knee up.

Stretch the inner leg - press the heel and lift the inner knee bone up.

That is most important.

The connection has to come. When you say "heel down" you should know where it has to take you. If you stop at the heel, what's the point? You should know why.

Demonstration: Press the right heel down - raise the whole of the right sole up - lengthen the shinbone.

Parsvottanasana, Virabhadrasana 1 and Parivrtta Trikonasana, these three are connected as far as movement of the spine and movement of the trunk is concerned. In Virabhadrasana 1 you turn to the side. In Trikonasana you don't turn, in Parsvakonasana you don't turn, you don't turn in Virabhadrasana 2 and Ardha Chandrasana. They are all front-facing poses. Whereas in Parsvottanasana you turn to the side, in Virabhadrasana 1 you turn to the side, and in Parivrtta Trikonasana the same rotation is increased further. The sequential order of movement in these three poses - Parsvottanasana, Virabhadrasana 1 and Parivrtta Trikonasana - is very close to each other. This morning I told you the Parsvottanasana rotation. Now we will touch on Virabhadrasana 1 and then on Parivrtta Trikonasana. In Virabhadrasana 1 you also need to rotate on the side and in Parivrtta Trikonasana the same movement is increased further.

Virabhadrasana 1

Student/teacher: Jump the feet 4 to 4½ feet apart for Virabhadrasana I, hands on the hips.

Geeta to student/teacher: Is distance correct? Do you want them to be more apart or less apart? The eyes should be quick. Look at them, adjust them and tell them. When the hands come on the waist the abdomen should not be puffed. Are they puffing the abdomen? Check that. If they are, then explain to them to move the top pelvic bone slightly back. What happened when you moved the top pelvic bone? Did you get lumbar extension?

Geeta to student/teacher: Do yourself so the action is understood.

Move the top pelvic bone.

You know this is all distance connected. When he stood he was more on the sole and less on the heels. He has to go the heel.

To come on the heel - lift the pelvic bone and move it back.

Don't take the abdomen - it is the pelvic bone you have to slightly push back - to stand erect with the chest open.

Move the pelvic bone back - don't stick out the stomach.

Go more onto the heel - press from your pelvic bone the heel.

You have to stretch from the pelvic bone to the heel and then you go back.

Observe that lumbar extension.

The lumbar should not be in. You have to go back.

This will lead you towards Virabhadrasana I and Parivrtta Trikonasana.

Open the chest.

Move the inner knee further back and the pelvic bone will go back.

In Tadasana you should be on your heels. That means if Tadasana goes wrong then other things will go wrong. The understanding can go wrong.

Demonstration: in Tadasana.

Keep the head straight.

Move the inner thighs back.

Suck the frontal thighs to the back leg, search the back of the heels more.

See the angle from the thighs (sloping), if this portion goes wrong then other things can go wrong.

Sirsasana will go terribly wrong because the body is all the time adjusted to take the balance on the front. The body weight can be habitually on one side when you are standing, walking etc.

Come on the heel with the frontal thighs back.

Open the back of the thighs.

Open the toes.

Shoulders rolled back.

Open the chest area.

Open the chest - lift it up.

Raise the chest - raise the sternum and move the frontal thighs back.

When the frontal thigh moves back the pelvic action comes.

Demonstration: with legs spread apart.

With legs spread apart - alignment as in Tadasana, the line from the ankle to the thigh should be in the same position, not forward.

In jumping to spread the legs apart a youngster will jump from the frontal leg. The speed puts them onto the front. As senior students you have to jump to the back.

Keep the back of the thighs open, the skin still open.

Move the frontal thigh back.

Readjust the chest; shoulder blades into the body.

Inner thighs going backwards.

The muscles touch the back skin of the thigh, not the muscles touching the frontal skin.

Take the hands up for Virabhadrasana - Right leg out, left foot in.

Bend the leg and make a square - he has shortened himself.

So *straighten the legs* again and turn the right thigh inside out.

Move the skin of the frontal thigh upward.

Raise the back of the thigh towards the buttock.

That means you have to press your heel back very strongly to open the back of the thigh.

Maintaining that - the inner thigh (left leg) raises still further.

If he is your pupil you have to correct him. You have to be after him all the time saying: Lift the thigh up - lift the inner thigh up.

Bend your leg, make a square without forgetting the back inner thigh.

Be in contact with that thigh - inner upper back thigh.

Extend the leg - pressing the outer edge of the foot and lift the thigh upward.

Lift the inner thigh. This connection is needed in Parsvottanasana and

Virabhadrasana 1, so no dent in the leg.

With the arms and chest opening - the chest lifts upwards.

Lengthen the arms - ascend upwards.

Lift from the bottom of the armpit to the top inner upper arm.

Bring the top sternum forward not the bottom - top sternum opening.

All three lines parallel to each other - the centre line of the top sternum - the line from the bottom to top armpit (right side and left side).

Parsvottanasana - finger tips on the floor, head up.

First remove the dents at the back of the knee.

Move the shinbone back.

Move the shin until you straighten the calf.

When the shinbone moves, the metatarsals also move - move to the top metatarsals.

First stretch the front leg. At least one leg should be straight!

Shinbone back. This gives movement that is already reflecting on the back thigh.

The leg gets extended the more you move the shinbone back and the quadriceps muscles back.

The flesh should touch the skin on the back of the leg.

Move the skin wide apart - the skin can now give more space.

Keep the left heel down - and turn the left outer thigh.

You have to work on the top thigh - watch the metatarsals - watch the back thigh - watch the shinbone - that is how a teacher has to search.

Though I am correcting him, it is a correction for all. It is not only one person that I am correcting. You may be making the same mistake.

For a beginner first the back heel should not give way.

Remember the back heel has to be strong first.

Then add further intricacies in the action.

Virabhadrasana I - Geeta demonstrating on a student

Take the pelvic bone back. She confuses that instruction. She doesn't know what to do. She projects the right side hip like an abscess.

She has to push it from right to left for the whole line to change.

Be on the heel.

Hit the femur bone in - move the right femur bone slightly in to follow the left.

The body goes taut on one side which you have to move.

Class doing - legs, arms apart.

Be on the heels strongly.

Move the shinbone back.

Without bending your knees - be strong there - the imprint should not get lost.

Move the head of the femur bone back to open the back thighs.

Turn to the right - left foot in, right foot out.

Are the right and the left pelvic bones in line?

Spread the legs a little more if the inner thighs are criss-crossing.

The inner thigh back.

Move the back thigh from front to back - move it back.

Move the bone to the flesh, flesh to skin and open the back thigh.

Shinbone into the knee.

Bend the right knee.

Be strong on the left heel. That should not come up.

Back of the calf pressing that heel.

Extend the arms upward.

Open the armpit up.

Bottom, middle and top armpit open up.

Parivrtta Trikonasana

Geeta: When she said, "Turn the left leg 70 to 80 degrees inside", what does she mean? This turning is meant for what purpose? Why oscillate between 70 to 80 degrees? In ParivrttaTrikonasana the back leg is the foundation. If it is shaky you are shaky; you are going to lose your balance. First hold the left leg. How much you turn doesn't depend on the length of the calf, length of the heel or just the length of the leg. For the left side of the trunk to go to the right side requires tremendous freedom. When such freedom is required you can't keep the left foot 90 degrees out and then go on turning the hips. It won't come. The foot has to rotate to turn for ParivrttaTrikonasana. The metatarsals have to come as the big toe adjusts with the outer edge of the foot down. The outer metatarsals should not be pulling out like a golf ball or the inner metatarsals falling to the inside. The rotation of the trunk decides the turning of the back foot.

You are all teachers. How far will you say the foot has to turn? You can't keep the students hanging between 70 or 80 degrees. Some further explanation has to be given. You should be able to convey this and be clear about it. The leg should never be turned half-heartedly. If God had given a heart to this leg it would not go half-heartedly. If it has to do, it has to do full-heartedly. Today's class might be big, but when you are teaching 10 or 15 people, certainly you can say how much it has to be turned in. You should be sure how much to ask them to turn inside. But suppose this person hasn't turned, you can say, "Yes, turn your foot in". Somebody else hasn't turned. Tell them to turn the foot in. Adjust the students if legs are not spread wide or the legs are not stretched well. These are very gross explanations.

Geeta questioned class: The knee is moved by what?

Answer: Quadriceps, lengthen the quadriceps.

Geeta: Lengthen the quadriceps.

Pull the quadriceps muscle up; pull the quadriceps muscle up.

If the quadriceps don't go up, lift the toes and pull the quadriceps up.

Simple, very basic instructions.

Left shinbone opening to the heel.

Right quadriceps lifting upwards.

Synchronise these actions - right quadriceps upwards and move the left shinbone so the heel remains down.

Both the legs are held.

Student/teacher: Keep the right outer ankle squeezing in.

Geeta: It is not a question of squeezing in. You can't squeeze that ankle in.

You have to move the outer ankles to the inner ankle.

Move the outer ankle straight to the inner ankle.

It's not compressed. It's not pushed downward.

Move the outer ankle of the right to the inner ankle of the right.

"Turn the waist" is a gross instruction.

Never turn the waist first.

When the hand is fixed see that the left side rib of the dorsal is first given space to come to the front.

The back of the room is front for you now - you are facing the back of the room.

Move the left armpit - side waist.

Open the chest.

Student/teacher: Keep cutting that left kidney in and then raise the right hand towards the ceiling.

Geeta: The left kidney doesn't cut in on the left side back, where she calls "waistline" - descend the skin down.

Descend the skin. Move the skin to the ground. Allow it to go to the floor. Did it not turn?

What happens when you say, "tuck it in", or "squeeze it into the body"? They harden. When you say "squeezing" it gives the meaning to harden, to just push in. Whereas, the skin goes descending downwards - it rotates there.

It is not hardening in Parivrtta Trikonasana - it's softening.

You have to make it soft so it descends there.

So use the word only at the end, when softened.

Then you may say "Squeeze your kidney into the body, push it into the body".

But when they're halfway done they don't touch the kidney.

They touch the muscles and that is painful process.

When you use that term "organic body" you have to be very, very, very careful. The kidneys are organic vital body. Lungs are organic vital body. Students know the place of the kidneys but they don't know whether they are doing with the kidneys or they are doing with the muscle. When she said, "squeeze it", they contracted there. That is painful spinal muscle. The spinal muscle will be so painful and you won't know how to release it. So organic words, kidney, lung, liver, you should not use in a common way.



Demonstration: You can specifically adjust and tell the way to really work on the kidney. (*Geeta adjusted while standing at the student's left side - with her right thigh into the student's left side lower thoracic area moving it in - and by putting her left hand round the student's right shoulder to turn it.*) The moment I touch the body it becomes sensitive. In this position say "Just be quiet". Now I move this kidney region. When you speak of the organic part, you have to be very careful.



Adho Mukha Svanasana

The student/teacher's first instructions were for the arms.

Geeta: Watch everyone's legs from this end to that end.

Are you happy with their legs? First you were explaining about the arms.

Now tell me will that arm extension be possible if the legs are not properly adjusted?

Now, in the pose, what is our first duty?

The foundation, the base, means what? The new students will ask what?

What is the basic thing in the Dog pose?

Any new person will ask how far do the legs have to be taken back.

I have already given you a clue in Parsvottanasana.

Demonstrations: Watch their buttocks, their thighs. Guruji and I say that it depends upon the height. That is absolutely true. But what is meant by that? Who will you ask to take the legs forward or legs backward?

[1] She is strongly lifting from the back of the knee to the sit bones and there is no stretch at the back of the thigh. Move the head of the femur bone back - the stretch comes. When you move the femur bone back, move the metatarsals back. Move the front thigh as if God had given you a foot there. The toes are at the front thigh and the heel is the back thigh. Stretch like you are getting the same metatarsal stretch. Move the feet a half-inch back, get space, move the head of the femur bone still further back. It is adjusted according to the height. So you can't just say it depends upon the height, you have to know how to adjust.

[2] Where is her compression? You are all watching her outer hip - back of leg, but in her case it is not the thigh. She has to lift the floating ribs higher up to the pelvic region. Lift the floating ribs. Move the floating rib to the pelvis. Her leg distance is not the problem. It was from floating rib to the pelvic region. That distance is creating the problem. Give more space there - lift. If she is doing that I will then say move your legs still further back and open the thighs.

[3] In her case, her inner thighs are opening, but the outer thigh is not opening. *Geeta adjusted by using one rope around each leg and pulling back.* This allows the outer thigh, outer thigh skin to move higher upward. It was overlapping the pelvic region. Move that back. In order to move that back, keep your outer heel extending back to the floor. Learn to synchronise the movements. Extend the heel, connecting with the movements of the outer thigh skin. Specific instruction - Outer thigh skin up. Outer thigh skin back - lift.

Dandasana

Geeta: You started with the buttocks. What do you want them to do on the buttocks?

Watch from the front whether they came equally on the buttock bone.

When you say, "buttock bone out", what are the actions involved in it?

Or does it happen just with the buttock bone?

When you took the buttock bone out the inner thighs were brought closer.

Sit with the buttock bones spread.

Move with the hand the buttock bones.

The hand should go underneath the buttock to open to the side.

Open the inner back of the thighs in a similar manner.

Move the back skin of the thigh from inside out.

The frontal thighs recede so the aggressiveness of the thigh is taken off.

Allow the thighs to recede.

The first instruction - buttock bone away, both the buttocks in line and both the buttocks bearing the same weight, equal weight. All this has to be noticed.

Both sides equal weight and spreading.

See that outer thigh / inner buttock is held in a safe position.

Regarding the shinbone. I won't say shinbone to the calf muscle, that is more in Tadasana.

When you sit down the basic adjustment begins from the muscles and not the bones because the legs are not aggressive when sitting.

When she said "shinbone - pulling it towards the knee" it is wrong, but if the shinbone has to go to the calf muscle it is the back of the leg which is more sober. In Dandasana the back of the legs are extended. The calf muscles moving towards the heel side. The skin of the calf doesn't even go to the muscles. The skin of the calf has to extend towards the heel side. The foot and toes get opened.

In Dandasana you can't judge from the front. It has to be done from the back - back of the leg.

In Dandasana back of the legs becomes the foundation.

The top area of the calf gets caught. Open your calf muscles away from the back of the knee with your hands.

Elongate the skin fibres there and move the head of the shinbone down to further open your calf muscles.

Student/teacher: Feel you are lifting the navel up. The abdomen is rising away from the pubic bone rather than drawing the abdomen forward, making the back hard.

Geeta: Is this correct? She is explaining to hit the abdomen directly to the lumbar region, to remove the lumbar concavity. Her explanation is wrong. She is trying to hit the centre of the abdomen to the lumbar, in order to remove that lumbar concavity. She thought if lumbar moves in it is wrong, so let it move out. It is wrong explanation. It is not a question of protruding or anything. The abdomen cannot be taken back like that. You then invite hiatus hernia. When you adjust, it is not from the organic body, the abdomen. If you take the abdomen back it will be creating problems - not only at the diaphragm, but it will be creating problems at the back. In Dandasana, never touch the abdominal explanation when you don't know exactly what has to be done.

Come more sharply on the inner buttock bones.

So when you sit like this the bottom floating ribs have to be moved to the side.

The bottom ribs have to be spread out like calipers. Open them to the side and create space there.

Open them to the side and then the abdomen is not protruding, it is soft. If you puff it - it is protrusion.

Sit and lift your back straight upwards so the floating ribs have to open.

Cut the outer femur bone down and lift the floating ribs higher upwards.

Connect the movement of femur bone down and floating ribs up.

Widen the bottom floating ribs to the sides at the same time and the belly lifts.

Demonstration: Why is the foot tilted? There is an uneven shift to one buttock.

You take the weight all the time onto one side - that is why it has gone wrong.

One buttock bone is getting caught. That buttock bone should go out.

Then nail the buttock bone to make the weight equal.

Adjusting - watch the bottom of the foot - how the bottom of the foot gets broadened.

If the buttock goes wrong, the foot goes wrong.

The mistake is in the thigh and the buttocks so the feet cannot be joined.

A wooden brick was placed upright between the feet.

Lengthen the leg from the buttock bone to the heel. Now it opens.

Touch the inner bone of the sole to the brick and now extend.

Open the bottom of the feet.

Hold the brick and open the small toe out.
That Dandasana is sitting Tadasana - where you open the bottom of the feet.
Open the small toe - and the groins.
The inner edges of the thighs come closer - in spite of the block.

Virasana

When doing Virasana what is the main thing?
When you have food, what is the main dish of the day?
So with Virasana - what is the main dish, the main area?
The shinbone is the base. Is the shin a proper foundation?
Which portion of the shin is touching the mat?
Make your shinbone like the bottom of the foot in Tadasana - lengthen the shinbone. Press down the middle portion of the shin bone.

Lift the buttocks up a little - come down rolling the calves out with your hands.
While going down turn your calves out.
At which moment do your calves turn inside?
Slowly go downwards.
You fear that if you turn a little more your calf muscle may break your knee.
The fear may just bounce upon this inner edge of the knee.
Calves turning from inside out and the shinbone turning should balance on each other - the back calf and the shinbone - calf out, outer shinbone down.

Move the shin.
Another way of understanding the shin - cut your heels, inner heel to the outer heel.
Turn the heels - watch if one rebels and the other goes quietly down.
Have sensitivity when you are coming down - find out whether the shin turns further or not.
Move the head of the femur bone downward and move that buttock bone away.
Move the buttock bone away from the anal mouth.
As a teacher you have to watch when they sit in Virasana that both calves, both ankles or both heels are rotating or turning in a similar manner. One rotates less, one rotates more, one shows a tendency to come inside, the other one to go out, which is heavy, which is light, which skin is rough, which skin is soft. One leg is completely descended the other is not.
If the foot has to be moved out - again readjust and turn the calf completely out - then you feel as if it is going to break the inner ligament of the knee.
That is why the blankets are given.
If the person is having fear use a blanket but move - you cannot hide the foot inside.

Virasana is not a problem when you are young.
Virasana is a problem when you cross your 50's, or when you come to menopause.
Until then Virasana is a simple pose.

Demonstration: See, she is leaning on one side in spite of having a blanket. The whole force of the right leg is going in, whereas the left is moving out. There is swelling of the ankle. It is bothering her so she doesn't want to sit. This is the age problem. It will happen. So if the evenness doesn't come have an extra blanket, but don't tilt your body. Have more blankets but don't tilt. If the femur bone tilts then the whole socket becomes loose and then it can lead towards arthritis and osteoporosis. Calcium deposition increases on that side, so both go wrongly. See the outer ankle is coming upward - move it down - turn the bone down. This is

because of the metatarsals - the ankles will not listen. This is the same for men as well as women. It makes no difference. Men also have hormonal imbalances. The result only shows at the end, when they are 70. For women it is quick when hormonal imbalances are occurring.

Baddha Konasana

Student/teacher: Both knees should be equal distance from the floor.

Geeta: The teacher has to find out whether everyone has kept their knees at equal distance.

The teacher has to tell what she means by equal distance and how it will be done.

The teacher has to see if anyone is tilting.

Press the heels together and lengthen from the inner groin out to the inner knee.

Lengthen through the inner thighs and draw the outer thigh skin back towards the buttocks.

In Baddha Konasana it is not the same part of the buttock bone you sit on as in Dandasana. Compare - which buttock bone is touching, which is not touching.

How far are you on that buttock bone, or how far you are on this buttock bone?

Are you feeling evenness? Is the flesh exactly near the buttocks?

What kind of sharp adjustment is there on the buttock bone?

Demonstration: How can you sit evenly on the buttock bones when one knee is coming up and one knee is not?

The right is the bad side - what kind of sharp adjustment is on the left buttock bone?

The left buttock is on the inner side, but on the right buttock the weight is going on the outer side.

How will you correct this?

Will you lift it to go to inner side or what will you do more?

Student: Pull the flesh to the side and back. Move the right buttock bone back.

Geeta: You are explaining like Dandasana which is not solving the problem.

Student: Lengthen the base of the spine and bring it in, then the knees go down.

Geeta: Something happens but it is not the answer.

The outer femur bone goes inside.

The top femur bone has to go into the socket.

Move it into the socket and it holds. It works there on the sacrum.

Lengthen through the inner thighs and draw the outer thigh skin back towards the buttocks.

Unless the top femur bone comes inside, the sacrum will not go in.

It is not buttock descending - it is actually the sucking-in action of the tailbone.

Move the tailbone into the body.

The front femur bone has to cut into the socket.

Move the front femur bone into the socket and the knees open, thigh opens.

So the whole thing is this:

First move the inner thigh towards the knee.

Then outer thigh moves from knee to hip.

The front femur bone cuts into the socket.

The front femur bone direction is in whereas the direction of the outer femur bone is back from knee to hip.

They both get adjusted, cutting the outer femur bone inside - tailbone in.

Hands gripping the feet.

Extend inner thigh towards knee.

Extend outer thigh towards the socket and at the same time the femur bone goes into the body so it is coming forward.

If they don't open the thighs adjust them by sitting in front of them and press their shinbones back with your feet as you pull them with belts or ropes looped around the head of the thigh.

A beginner in Baddha Konasana can sit on a folded blanket. If knees pain, a folded blanket is placed under each knee.

A student with stiffness - no freedom - a limited capacity to open; work on the inner leg area.

Place a block lengthways, narrow width between the feet.

The knees come upward with the feet pressing the brick because they are not holding from the outer foot, but are holding from the inner foot.

Hold with the outer foot and move the inner arch away - learn to open the arch to the knee.

Often the groins remain stiff when the groins are dropped and the arches are dropped.

Student: A lot of people are teaching beginners to put the mounds of the toes together all the time. Is this correct?

Geeta: If the groin doesn't open what is the point? First cut the outer foot edge inside (*touching each other*) and open the arches of the feet (*soles facing up*).

Groins should open.

When the groins are open bring the bottom of the feet closer - then it is a challenge.

You can't straight away ask a beginner to open the groin.

When you are not sure whether the groins are open or if it is hurting, join the feet together. Sitting like that protects the ligaments of the groin and allows them to get confidence.

But if they are absolute beginners put them against the wall with support - to safeguard their groins and ankles.

But to penetrate, when a person has been coming for a while, you have to teach them how to open the groin by opening the arches of the feet (*with the soles of the feet touching - facing each other*).

In "Light on Yoga", Guruji's groins are not stiff. He has joined the feet together and gripped with the fingers but it hasn't made the knees come up.

Upavistha Konasana

Geeta to student/teacher: What is that "pubic bone back"?

What do you mean by it exactly? Pubic bone back where?

No, that is wrong to bring the pubic plate down and back.

Even to bend forward you won't do that with the pubic plate.

The pubic plate will go up - so you are on the buttock bone.

If your pubic plate comes down you are on the front of the buttock bone.
If you lift your pubic plate you are exactly on the buttock bone and no injury will occur.
If you say "Bring the pubic plate forward and down" they can injure their groin.

When you are sitting straight - lift the pubic plate higher upward.
The moment you drop the pubic plate there is less space.
You get more space when the pubic plate is lifted.
That means you have the space to spread the legs.
When the pubic plate moves up the seat changes.
You are not on the same buttock bone area as you were previously.
More space has been given by the lift of the pubic plate so the legs can spread further apart.

These instructions are cause-directed instructions, not technical instruction for technique. Each time you renew, change or improve - techniques will be added because understanding comes. Similarly, when something is painful, instructions will be added because you know the pain. When somewhere is not opening or not coming an additional point is given.

Hold your toes and then bend forward.
If you bend forward, you cannot take your pubic plate down.
While bending forward, the pubic plate cannot go back. On the contrary, it should come forward. You have to see the legs remain in position - inner thigh rolling back to maintain the thigh upright. Like Baddha Konasana the base intelligence cannot change. You can't just roll and move forward more. If this goes wrong you can break somebody's groin; injure someone.
That basic intelligence is in Baddha Konasana is in Upavistha Konasana.
The basic intelligence is maintained as you move.
The outer thigh has to stay down - abdomen has to be extended.
The pubic plate can go forward if the outer thigh doesn't roll - it maintains the position as a Dandasana leg.

Student: Could that be the cause of fibroids?

Geeta: Now this leads to the problem which I was discussing regarding cysts and fibroids. Upavistha Konasana and Baddha Konasana are very good for fibroids but not if a person is going forward incorrectly, creating an organic pressure. A wrong pressure - a wrong muscular tension - can cause many kinds of things. The metabolism will change. Suppose I don't create a space in the stomach area - I am compressing, I am sitting collapsed all the time - then my digestion will definitely bother me. Indigestion can occur. At least I have to move. I have to do something. If the lungs are compressed all the time, can the asthmatic patient improve? You have to open the chest for an asthmatic patient.

Student: Fibroids are caused by irritation.

Geeta: That's what I am saying. Irritation comes because the space is less. Irritation in the nerves because that area is connected with your nerves, muscles and circulation and it is hampered. Circulation is hampered if you roll incorrectly and go forward. What happens I can't say. I can't forecast everything but it can happen, so correct yourself. Things like hormonal treatment and wrong medicines

can lead towards fibroids. Wrong compression where there is no proper blood circulation can lead towards it - anything can happen.

Padmasana

Teach as if they are absolute beginners. They will question you "My knee will break, what should I do?" "My knee doesn't bend, what should I do?" You have to answer those questions. How will you decide if they should sit on the blanket? This is their first class. They don't know whether they are stiff. Looking at you doing the pose they may think that it is simple. Just put the right leg up and the left above the right - the job is over. They don't know whether the knees are stiff or what is going to happen.

Don't ask a beginner to use a blanket underneath the buttocks when first teaching Padmasana. These are the little, little points that you can't forget. Firstly, do you know why the blankets should not be given to beginners to raise the buttocks? Because the gravitational pull is too strong, the foot is lifted from the floor to go up higher.

Geeta to student/teacher: Why are you teaching the bending of the leg from Marichyasana? In which way are you safeguarding your sore knee? In Marichyasana the calf and thigh muscles come closer when the knee is bending - you lock your calf and thigh.

Padmasana comes from Janu Sirsasana.

That means you bend one leg in Janu Sirsasana like one leg bent for Swastikasana. In Padmasana - the calf and thigh should both have a free movement.

In Janu Sirsasana and Baddha Konasana - the calf turns out.

In Upavistha Konasana - you extend the inner thighs and inner calf muscles.

Start Padmasana like Janu Sirsasana so the groin and calf muscles open.

The connection is between Baddha Konasana, Janu Sirsasana and Padmasana - not Marichyasana.

The flexing of Marichyasana goes with Virasana.

In Marichyasana you don't put your weight on the knee. If somebody is afraid to try

Virasana then try bending the knee in Marichyasana or Triang Mukhaikapada

Paschimottanasana - one leg bent knee - and then go to Virasana.

Then they won't fear the action in the kneecap or ligaments of the knee.

Padmasana is quite different - Padmasana opens the groin.

Marichyasana is just the opposite - you are tightening the groin.

Whether in Marichyasana 1 or twisting Marichyasana 3 or in Ardha Matsyendrasana the thigh of the lifted leg we hold and don't allow the thigh and knee to drop so we bring the groin closer.

Give simple directions.

Calf muscles towards me (*at front of room*).

Turn the calf muscle from inside out towards me.

Turn the thigh muscles from inside out towards the windows (*at back of room*).

For new students don't make them think what is this direction or that direction.

You simply say towards the platform or towards me, towards the back wall or window - whatever is there.

When you are worried about the stiffness of the knee etc, what you have them do on the right repeat on the left so both knees are flexed. Then you know who has a problem. Isn't that the wise thing to do?
Then you have a judgement - to how much the knee, thigh, calf muscle moved.
This is how you have to teach beginners.
Release in Baddha Konasana and Upavistha Konasana then release the knee and thigh in Janu Sirsasana.

Prepare for Padmasana by using Janu Sirsasana to open the calf, the thigh and the groin.

By taking the knee back the femur bone has been extended.

Find out whether you are lengthening towards the knee as in Baddha Konasana.

Connect to Baddha Konasana the lengthening of the calf, lengthening of the thigh.

Then to create flexibility in the ankle you have to lengthen the ankle - hold that lengthening as you rotate the ankle.

Roll the ankle so the sole of the foot turns towards the ceiling.

This is Padmasana preparation in Janu Sirsasana - it is a different movement of the ankles than for Janu Sirsasana.

First learn by *bending one leg at a time into Ardha Baddha Padmasana* - repeat.

Then with *the right leg in Padmasana bend the left into Swastikasana* so the knee will work first.

Open the knee - widen the knees a bit apart - so there is no injury.

Never bring them too close for beginners - move the knees slightly apart so that the inner ligament is opened.

When the left leg is slightly loose in Swastikasana you can then put the left foot on a brick - descending the right knee - bring the brick closer to slide the left foot up on the right thigh.

When there is a problem with the knee or with the thighs you have to put the left foot slightly higher up. Never move it up straight away from the floor when you teach beginners.

Widen the knees, never bring the knees and thighs too close so as not to injure the knee.

Is it not your duty to take care?

Don't hold for too long - change the sides repeatedly.

Baddha Konasana, Swastikasana, Ardha Baddha lead towards Padmasana.

A beginner has to also do Utthita Hasta Padangusthasana and Supta

Padangusthasana so the groin and the knees open.

Padmasana has nothing to do straight away with just the knees or ankles.

It's the opening of the groin and that is why Baddha Konasana can be a base.

Upavistha Konasana can be a base.

Utthita Hasta Padangusthasana sideways can be a base.

Supta Padangusthasana sideways can be a base.

The knee has to be opened first and then it can be in the bent position.

Teachers can be forceful with newcomers to work their legs in standing poses so they can get accustomed to the knees stretching, calves stretching, lifting of the ankles, but in Padmasana you can't force.

Sirsasana

Student/teacher: Took Tadasana as a preparation for Sirsasana - gave many instructions for Tadasana, starting at the feet.

Geeta: What are the necessary instructions connecting Sirsasana with Tadasana? Emphasize in Tadasana - explain exactly what you want them to do - what you expect them to adjust, give attention to - so they can perform a better Sirsasana.

Student/teacher: The point of Tadasana is that Sirsasana is Tadasana inverted. The alignment relates exactly, and in particular the legwork.

Geeta: Let us first focus on the inner legs - what do you do in Sirsasana? The legs extend upwards - where? To the ceiling, do you agree with that? In Tadasana you work the inner leg, inner groin which way?

Student/teacher: In Tadasana you lift up the inner knee to the inner groin. Inverted in Sirsasana - you take the inner groin towards the ceiling - through the inner side of the leg to the inner knee - then from the inner ankle to the inner heel.

Geeta: You said in Sirsasana - with the feet up towards the ceiling - it is from the groin to the heel? You said in Tadasana - it is from heel to groin. You mean now it goes opposite? Find out in Tadasana so there is no confusion.

Where is it difference, or where is it similar?

The front thigh to the back thigh - rolling the inner thighs back - is the same in Sirsasana as in Tadasana.

But what is the inner stretch of the leg? From where is the inner groin action?

Demonstration in Tadasana: *Feet together, toes together.*

Stretch the inner leg.

To lift upward, you said "Press the inner edge of the heel strongly down".

To do so in Tadasana - you go to the back heel.

Ankles together - bring the outer ankle closer to the inner ankle.

Join the inner heels - when you join, lift the inner legs upwards.

Where do you feel the movement, lift of the inner legs, towards the anal mouth?

Where don't you feel the movement?

General knowledge is that in Sirsasana and Tadasana the legs remain in the same position. With a new student, you may say "As you stretch your legs in Tadasana, stretch your legs in Sirsasana". That is a fine explanation. But as a teacher, you should know what you mean by that. It is not that the whole leg extends upward in Sirsasana.

Watch from the inner edge of the knee, when you stretch the inner legs upward, in which direction the skin is moving. How did it go?

Stand with the legs wider apart.

Stretch the inner edges of the legs - then the shinbones come closer.

If you don't stretch the inner edges of knee the shinbone gets dropped.

The shinbone is a load bearing bone - it bears the weight of the body.

It has to come inside - it shouldn't go down.

When the shinbones come closer the lengthening occurs.

As the inner edge of the ankle extends the outer ankle comes inside.
Then the ankle goes towards the heel side.
As from inner knee to the thigh goes up - sucks up - what happened to the shin?
The top shins come closer.
The sucking action to the groin has to increase more.

Geeta demonstrated a subtle point by using a rod to touch the centre of the groin.
This is a finer instruction - if given to a new student, it will be confusing.

When the feet are together I can't show the instructions there.
Spread your legs more so we know where centre of the groin is.
Where the rod is touching you - very high on the inner upper leg - suck upward.
Go upward - see how much the inner stretch of the legs is coming.
How much with that sucking action it goes deep inside.

The inner edges of the thighs go back.
By moving the inner edge of the thighs back the centre groin is sucked upward.
That little pelvic area from inner top thigh to the groin - that area goes upward.
From below the inner top thigh - extend to the feet.
Understand this difference.

When a gross instruction is given e.g. "The leg goes upward", it is right. But when it is subtle, you have to be exact.
Find out which area is going upward - which area is going down - which area is extending.
Is it easier to penetrate if you say with clarity exactly what you want. It is clearer.

A student questioned: Geeta his knees are still apart. He has been doing yoga, I presume, for a number of years. What is he not doing to bring his knees together?

Geeta: That action has to come but you cannot straight away force it.
It is the head of the femur bone - which refuses to turn inside.
He has to turn the head of the femur bone still inside.
The rest of the femur bone turns in more easily.
The middle is more difficult than the lower end.
The top of the femur bone is even more difficult.

It is not good to straight away ask students to bring the head of the femur bone completely inside like that. It is a Muladhara Bandha action. You have to know whether people are capable, or are not capable, of doing. You have to see whether muscular contraction is very strong or soft. There can't be a muscular grip there - as it may irritate the organic body from inside. You have to gradually bring the head of the femur in and then suck upward. That sucking action is exactly from the top of the inner upper leg - above. The legwork action should be correct.

Student/teacher: Feel in Tadasana the legs pressing into the floor, the spine lifting, and particularly the thoracic spine between the shoulder blades up, so the front chest broadens.

Geeta: Where do you lift? Where at the back?

Student/teacher touched trapezius between shoulders and below neck (moving it up): Up - so that inverted you're lengthening the spine itself from the trapezius

down, drawing in.

Geeta: The class does not agree with that explanation. They say in, but not up. Your explanation is wrong. In Tadasana the trapezius can never go up. The muscle has to descend so top dorsal goes in. So, in Sirsasana top dorsal will be in.

Demonstration: On the student/teacher to show why his explanation went wrong.
Mistakes occur when a person doesn't know what they doing.

The top sternum bone dropped when he lifted his back up incorrectly.

The sternum stops going upward because the back is going upward.

The reason why he, and the explanation, went wrong is because he stopped the top sternum movement and the upper back is strong and went upward.

The shoulders have to go back.

Don't do anything at the back - lift the top sternum bone higher and higher upwards.

Lift the sternum upward and see the connection.

The top dorsal never goes upwards.

Use a rod to correct his posture.

The end of the rod pressed into his upper dorsal thoracic.

With the rod pressed - lift the chest - shoulders rolling back - chest opens.

The sternum bone has moved for the first time.

When the top sternum doesn't move - he moves the back trunk.

The top dorsal never goes up toward head - it goes down.

Move the sternum up.

I raised my voice and used a strong voice otherwise he won't open.

When teaching, if you see that something is not coming then you have to raise your voice. In his case, he may not listen to my voice but the sternum listens! (Laughter)

You have to speak a little louder when there are many people. You have to speak a little louder with certain postures like inverted - otherwise the students can't hear. If your voice is low when teaching new people, they won't be able to catch because they are unprepared. It is unknown work for them.

Class preparing for Sirsasana:

Student/teacher gave instructions while the class was kneeling preparing for Sirsasana: Before you go up, place the fingers strongly together, take the bottom little finger inside.

Geeta: This is not the way to explain. This is also one of the points a teacher has to learn. It is not just explanations going on. It is not like a general class. A teacher should impart knowledge. When you have to impart knowledge and give a particular instruction like interlocking the fingers how will you attract their attention? They are not facing you. They have not started Sirsasana. When the students don't know what is happening, what is the point?

Is it not also the student's duty to see what the teacher is explaining?

They could not hear.

They didn't know what was happening.

They don't know what is happening because it is already in your mind what you were going to do. You were in the future.

Get them to come up. Ask them to look at you.
You can't give instructions to the air.
These are the little, little things a teacher has to know.
The students have to feel the presence of the teacher.
Feel the teacher is teaching something.
It is the right way with a newcomer - to definitely explain about fingers, wrist etc.
In a general class I may not, but in an intensive I call them to look lots of times so the instruction is fixed.

Sirsasana doesn't require much space so you can bring the mats a little closer.
That is one way of showing.
If they are in their places you can go in the centre and ask them to gather around.
But when they are all scattered, they are not attentive.
To attract their attention you can say "Please listen to what I am saying" - "Come a little closer". Then tell them from that central position exactly what you want.

Student/teacher: Before you go up - interlock the fingers strongly and bring the bottom little finger inside so you don't crush it.

Geeta: Definitely don't crush it! We don't want to take the juice out of it!
(Laughter).

For what purpose were you bringing that little finger inside?
In Gururji's book, it is not mentioned that you take the little finger inside.
Why don't you read "Light on Yoga" and follow that method?
There is a certain way of traditionally doing - a traditional way has been taught.
If you say you are following one method, then you have to follow that method.
With the little finger coming inside, see whether that is creating unevenness or not.

Student: The traditional way of interlocking is also uneven.

Geeta: Who said there was no unevenness in asanas? Janu Sirsasana is it not uneven? Padmasana is uneven. Unevenness is always there. In that unevenness, you bring evenness with understanding. Trikonasana is it not an uneven pose? When you turn the right foot in, left foot out, everything's uneven - but in that unevenness you try to bring the evenness. Understand how the right behaves, how the left behaves. All the poses are not Uttanasana, Adho Mukha Savasana or Adho Mukha Vrksasana, where the evenness is there. And even in that evenness - how much unevenness you have.

Balancing on the crown of the head without using the palms you are absolutely even - then you don't know what happens - you don't remain even. You have to bring evenness. If there was equilibrium of the mind then we would not have to do yoga. There is un-equilibrium. We have to do yoga to bring equilibrium of the mind. Equilibrium - the mind should be in an absolutely steady state. Unfortunately, we don't have that - that is what we have to find.

If the little finger is crushed - even with that crushing, bring evenness.
Don't compress that area too much - bring freedom.
The little finger is under all the other strong fingers.
Don't crush it - interlock so there is firmness on little finger side edge of hand.

A teacher's eyes should be very sharp to see - check - compare right/left.
If necessary, ask the person to raise the head up, look, and correct themselves.

If these corrections do not come, obviously the cervical will suffer.
If you correct people at that stage most will have freedom from the neck pain.
People get neck pain when they are lazy and they don't want to correct.

Look and see the gross mistakes.
First, correct a gross mistake - that is vital at this time.
A gross mistake means other things may go wrong.
Elbows - a gross mistake that cannot go wrong.
Check whether the elbows are in line with the outer armpit.

Interlock your fingers.
Keep the tips of the thumbs joined together. Don't interlock with the thumbs up.
Interlock and later see if thumb tips have to be joined or thumbs have to be crossed.
Some people have thick fingers - some long - some thin.
A cricket player will have big palms, so when they interlock their palm will be completely broad.
Open the wrist area.
Press down on the sharp edge of the forearm.
Elbow going out is wrong - there is a rotating action at the elbow to come in.
The elbow joint has to be pressed and the flesh of the forearm adjusted.
That's why the confusion comes because he is pressing the flesh and the elbow is going out.
Anchor the centre elbow down and adjust the flesh so the ulna is pressing down.
Move the forearm flesh inside - so the bone goes down.
Outer arm acts as a wall - firm - forming a kind of wall.

Keep the crown of the head down.
Watch you do not shake your forearms, do not shake your elbows.
If the eyes turn - will you be on the exact centre of the crown of your head?
No chance - the head moves.
Look straight forward.
The crown of the head down.
After correct positioning - don't shake your elbows.
Once you have fixed the forearms - let them be.
The upper arms should be lifted.
Keeping the crown of the head down - don't shorten the upper arm.
There should be opposing force - inner upper arm upward - as the crown of the head is coming down.
Shoulders up.

Class in Sirsasana

Geeta used her feet to adjust a student's elbows inward while holding the student's ankles. As a teacher, you have to correct with your hands, feet, whatever is possible, and explain at the same time.

Lift the inner leg and roll the outer thighs inward.
When the outer thighs come inward - then bring the femur bone closer.
Bring the inner femur bone closer - see how the inner thigh works.
I didn't say "Grip the inner thigh".
Unless you have put something there to grip - then that is a different matter - then you can ask them to grip.
But if there is nothing there and you grip - then it is the flesh you crush inside.

In gripping you are likely to push the muscle without using the bone.
In the gripping process you are likely to move the flesh closer without making your bones to come closer.
When lifting your inner legs upward - give space for the flesh to go upward.
Move the inner leg up - with a lengthening process.
Upward from that area one inch from the groin - extend toward the heel.
The area very near to the groin - that area goes down towards the trunk.
It is sucked into the body - toward the centre groin.

Student: Some years ago Guruji put some hankies under my head.

Geeta: That is fine - some people their head slopes. There are many ways of adjusting, like adjusting with a hanky, if only a portion of the head is pressing down.

Student: I would like to ask when do you need blanket support? Is it according to the length of the neck - or the relationship of the neck and arm length?

Geeta: Have a blanket for the crown of the head.

Student: Even with long neck and short arms?

Geeta: It is not a question of a long neck - it is a question of not lifting the shoulders up.

Demonstration in Tadasana: Interlock as for head balance in this position. Watch the length of the upper arm.

Demonstration in Sirsasana: *The students way 2 blankets each pleated into three-fold placed on the floor in a "V" shape - forearms on the blankets - wrists at the angle end and elbows at the open end. Head on the floor in between the blankets.*

What is the length of her upper arm from the back?

It is shorter now than when in Tadasana.

She can lift higher - but because the blankets are there she can't go higher.

Support under the arms is not making her shoulders higher.

She is compressing her neck more - her shoulders are dropping.

In her case the neck is long. With a blanket pleated under her head she finds it painful because she has to work her shoulders.

Demonstration in Sirsasana: *on a sticky mat on the floor - preparing to go up.*

Now lift your shoulders - move the shoulder bone end up.

Lock the shoulder bone to go up.

I want you to lift - don't keep the head downward - lift up.

Now keep that lift and take the crown of the head down.

(Student can't get her head to the floor with the lifted shoulders).

If her neck was long then she should touch.

If she's not touching - that means her neck is not too long a neck.

Demonstration in Sirsasana - *on a four-fold pleated blanket.*

Lift upward - maintain that lift from the upper arm.

See the neck length - plenty of space - in fact, a little more blanket would help.

Pump your shoulders - lift the shoulders.

Student: What about the curve of the neck?

Geeta: Your neck was absolutely extended (on the four-fold pleated blanket).

Student: But should it be straight?

Geeta: Absolutely straight? The normal curve is always there - you don't lose that either when the neck becomes long - it is a concave curvature of the neck.

How can the neck become long if it is not a concave?

Whether it is lumbar spine - dorsal spine - it has its own curvature.

With extension - the whole spine has its own curvature.

Whether it is dorsal, cervical, lumbar or sacral.

But with extension - spinal extension is quite different.

If you over hunch your dorsal - it goes wrong.

If you over take the lumbar in - it goes wrong.

You know your dorsal curve is back (kyphotic).

Then should you project your dorsal backward when standing straight?

Doesn't the doctor say "Stand straight"- "Open your chest"?

What happens to your dorsal at that time?

The spine gets extension and that is why it goes in.

If you stoop your dorsal further back - saying your dorsal is always like that - or saying "My neck has a concavity" and curving it in so you look up - the whole thing will go wrong.

The cervical region when it is extended - it gets its normal curve.

That's why people with spondylosis are given a neck brace.

So they can maintain the normal curvature.

No medical manual said that the neck is straight.

When extended with the neck brace the cervical region has its normal curvature.

That extension of the spine brings the spine into its position.

You don't compress to bring it to its position.

The spine, the whole region, has its curve and that is why we can walk, stand, sit and breathe.

Because the dorsal has its shape - it can open during inhalation and exhalation.

It is not fixed, so we can move it.

Do not explain that the neck should not be straight in Sirsasana - which is wrong.

It is wrong to make them come on to forehead to keep the neck very curved.

It is in rare cases when it is straight that we put you on your forehead - so the neck gets more curvature (hardness of the muscles, spondylosis of the vertebrae).

Guruji has worked for over 60 years. He has worked hard. He's been teaching since 1936. He has already experimented. He knows where it goes wrong. To whom what has to be given. It's not that he started using props and adjustments just like that. He thought over many things. In Sirsasana what could be done when people are getting thyroid compression? What was the position of the neck, the shoulders and the throat. How to adjust the thickness of the palm - to whom to give the cloth between the interlocked fingers and the crown of the head. To whom to give the cloth under the crown of the head - to whom it has to be given in the front, to whom it has to be given in the back. So when you think of these props you should see that you have done it 100 times to find out what exactly is being conveyed to you.

Dandasana

If arms are long - adjust - take the hands back.

Geeta: The student/teacher said "Turn the elbows inside - upper arms should not be turned out or the spine gets dropped, the spine doesn't get open". (*Wrong*)

Demonstration: To show the arm position because the teacher said "I'm confused".

i]: First do as asked - keep the upper arm turned in - the elbow facing body.

The student/teacher said "The arm should not turn" - are you happy with that? No.

What happens if she turns her arms completely out - from inside out?

According to my instructions the shoulder should be back - to do that she rolled the upper arm. You said not to roll it but keep it forward. I question that.

ii] *Same demonstration as above - by the instructing student/teacher.*

When asked to turn the arm out - she only turned the elbow.

Check and turn the upper arm from inside out - how hard it is for her.

Now you know why the confusion and the questioning came - it is from her anatomical body. Her instructions went wrong when instructing the group because of her specific problem. The correct Dandasana according to "Light on Yoga" is with the palms facing forward - arms turned out.

Don't compress the upper arm against the armpit - it is open.

Sometimes the palms are kept by the side - the elbows remain bent - to open chest.

When the arms are long - hands are further back - so the upper arm turns out.

Her confusion came because she turned only her elbows and chest was projecting.

So she said "Upper arms should not turn out" so you don't go forward with the chest".

Whereas she is not turning her upper arm - but her elbows are going more out and the inner upper arm is going further dull.

In her case, she is more likely to get neck pain in head balance and Sarvangasana because her elbows are over turned.

She has to adjust by keeping her elbows firm and only open the top upper arm area.

Opening and turning the inner upper arm out - then the chest doesn't go forward.

Whereas her rotation was on the elbows and not on the upper arm.

She had over rotation of the elbow and under rotation of the upper arm.

(If it was her knee - she would dislocate her knee.)

To adjust - I fix her elbow - keep it steady - and I move her upper arm.

The over rotation of the elbow has to stop and the upper arm has to open.

To correct the elbow that is over rotating - use a belt.

With the belt taken behind the back - strap the elbows - arms in Dandasana.

Upper arm will open and the elbows are stopped from their wrong movement.

It is painful for her because it is stretching - the shoulder already indicates that her upper arm is not working. She should strap her upper arms in Sarvangasana so the shoulders remain up and not slanting.

Triangmukhaikapada Paschimottanasana

Geeta: When the student/teacher said "Bend the right leg and bring yourself to the seat of the right" you all tried to bring yourself on the right seat.

In simple words, if you are not on the right seat, you slightly should take yourself from the left seat to the right seat.

You shifted - so why is the tilt so much?
There is still unevenness - you did what was instructed.
You know that this is different to what you normally do.

Remove the blanket.

Then you know that you actually do not sit on the Virasana buttock (right):
You are on the left buttock - the left leg is extended.
You are not on the right buttock - you have to shift your weight to the right buttock.
You shifted to be on the right seat - but you did not press.
Her instructions remained half (not fully completed).
Come on the right buttock - but also you have to press the right shinbone.
You can't come on the right buttock completely because one leg is straight one leg is bent - it is an uneven pose. Absolutely an uneven pose.
In that uneven sitting, you have to bring even sitting.
To bring evenness, you have to treat the bent leg like a straight leg.
You have to press the bent leg shinbone in such a manner so you get a broad seat.
Your seat is not restricted to your buttock bone.
Your seat on the right side is buttock, shin and ankle.
On the left side it is only buttock bone.
This is a linking action which has to be known.

Don't teach from your head with any instruction. You have to know what has to be done now. That is the teacher's duty. A teacher becomes a better teacher by watching all these things. Sentences after sentences. So if she's tilting it's my duty to see why. If she is tilting, it means she did not go on the shin - so press that shin.

Now take the blanket and fix it a little bit under your buttock.
Sit - hands on the side like Dandasana, just cup shaped or as you can manage.
Now you know you have to come on the right buttock.
When you come on the right buttock - press that shinbone.
See that the right calf, ankle, do not go under the thigh - move away like Virasana.
Heel and calf out - and press the shin.
Move the flesh away from the left buttock with the hand.
Evenly pressing - right buttock bone / left buttock bone.

Now look at the centre of your body.
In order to maintain that centre, how will you work the thighs?
How is the right thigh? How is the left thigh? Are they the same?
How will you bring the evenness - if the right thigh is rolling in (Virasana thigh)?
The right thigh is rolling in - so roll the left thigh in.
As you extend the left thigh to the heel, extend the right groin to the knee.
Both legs have extension and circular rotation.
With your hands on the floor - you are even on the buttocks.
That evenness when you lifted the hands suddenly went to unevenness.
Adjust with a blanket just enough to bringing that evenness.
Use only that much of blanket edge so that evenness comes to the buttock bone.
The blanket is a prop - how much prop do you need to get that evenness?
As a teacher - watch from the back then you are in a better position to see whose buttock is tilting.

Raise the head upward.
It's not just the left groin descending. On the contrary, the right groin has to go down.

Left groin (straight leg) - the moment you descend the left groin the body tilts on that side. It is the right groin which has to descend more to the floor.
Right inner thigh, bent leg groin, has to descend to the floor.
Come down on that side. See the body gets adjusted.
The right groin has to go down to the floor.
The head of the femur bone should cut into the back of the thigh.
Head of the femur bone should cut - move deep to thigh.

Then the spine - how it has to work.
Everyone's right side spine is coming up.
The skin and the muscle right side has to go more.
A gross instruction - so at least you correct them.
Another gross instruction - elbows.
Widen you elbows and take your chest forward.
Why are your elbows down? Widen the elbows to the side.
Gross mistakes you have to correct - which elbow has to be widened more - left.
You have to balance.

An expression of a movement could have two ways of adjusting. If your instruction for an action is taken wrongly, check it twice and correct it immediately. You should see the mistake and express what you meant by the action of "turn" or "up" etc.
The gross mistakes you have to see and why the tendency is to have them.

You want them to lengthen the small toe - lengthen the small toe.
Hold the big toe and extend - pull the big toe out.
Now do you know the difference between these two actions?
Big toe - if you move it - the rotation of the calf increases.
Small toe - if you lengthen it - the outer shin extends.
That is the difference. It is subtle but you have to note the difference.
All 5 toes - pull 5 toes.
Lift the big toe - hold your big toe, with your hand.
Observe where the calf works, shin works. They are different areas. That is for you to study.

A common instruction for everyone - side ribs, floating ribs, have to go forward.
Don't just give points. You have to instruct them where they need.
Here the shoulders are collapsing - open the elbow joint - extend the side trunk.
Here the trunk is absolutely inactive on the bent leg side (right) - adjust right diaphragm to left diaphragm. Move these floating ribs forward.
Open sideways and go forward.

Demonstration: *Student with a lengthways blanket - along the left buttock side.*
Why she needs lengthways blanket there is because the left thigh is completely rotating out.
With the blanket the thigh at least rotates inside - it is manageable.
If you know what you are doing and why - then teaching is easier for you.
She didn't want to tilt - so supported the whole leg with a blanket.
Without the blanket - her left thigh rolls out.
It requires a strong muscle action to roll inside.
To turn it inside - to maintain the position of the thigh - real active work is required.
Working with the blanket support has given her a solution.
Unsupported, she has to now find out where the thigh has to work.
She doesn't use the muscles and she goes wrong.

She must roll the left thigh - and press the right shin firmly down.
Otherwise, the left thigh goes for Savasana - she must hold there.
Blanket support gave the passive extension to roll it in.
But the thigh really needs to work to roll in - this must be learnt.
Don't just use a blanket underneath the buttock like a ritual.
But first make them work and then give them blanket.

You are wrong if you are introducing props at the very beginning.
Beginners don't know what is happening - make them understand where they tilt.

When and why do you do headstand against the wall? It is not only a beginner who is put against the wall. Sometimes advanced teachers are put against the wall.
Why? They have to correct themselves. They have to know what is going wrong.
They have to sometimes stay remaining against the wall to find out if they are tilting this way or that way.

Student: Regarding the crookedness of the straight leg - the thighbone goes inward at the knee and out at the hip.

Geeta: She is not opening the outer ligament of the knee. This question is not directly related to Triangmukhaikapada. This is an individual thing. Anyone who has the knee bone inside would have to work it in any pose - Sirsasana, Tadasana. The outer knee, that portion has to open well. It is not opening well for her. In Sirsasana if her knees are like that, the weight comes too much on her head. She has to widen / hit the inner knee bone out and broaden the back of the knee so the weight on the head will lessen. But now I am directly dealing with the problems of Triangmukhaikapada and how that has to be worked.

Student: I'm open to try new ways.

Geeta: Be open to try new ways, but also penetrate. We can also teach the same asana in hundreds of methods. But we know for what purpose we are doing the new way. That is part of learning. You may give different techniques but you have to know why you are doing so. Go to 100 teachers and they will instruct in 100 ways. But finally you will wind up where? It is like when you go to market, you don't know what to buy when everything is plentiful and everything is beautiful. But you pick up something which is very essential, which is tasty, which is not too expensive. If it is too much, you say "No, I better wait till the price comes down".

Janu Sirsasana

Student/teacher: With the right leg bent. Draw the inner left groin back into the body. The left inner leg from the inner knee to the inner groin comes into the body.

Geeta: What is it - inner leg to the inner groin? Do you agree with what she said? No, but one is saying "Stretching away", the other one is saying "Going inside". What do you mean by "Take the groin inside"?

Student/teacher: Only the groin in, the inner heel extends out, so the inner groin folds back in, but the inner heel extends away.

Geeta: Sit and find out whether your groin goes back or what does the groin do. How can the groin go in? The groin goes down.

Keep the left leg extended straight - go for forward extension.
What happens to the groin? Still they are confused.

Follow the two instructions regarding the groin to understand the difference.
Take the groin back and take the head down, what happens?
Take the groin down to the ground and extend forwards, what happens?

If the groin is "going inside", according to her instruction, the groin goes backward into the body. The "groin in" instruction - is it helping you to go down?

No - it holds the body too tight.

If the groin is hitting back like that, the abdomen becomes hard from inside.

On the contrary, the groin has to descend.

When the groin goes back it grips - to move the groin you have to grip.

When the groin descends downward - you do not grip.

It is simple - if you push the groin back - you hold something inside.

You are stopping your movement - restricting - there is no free movement.

Do you know where the mistake occurred and the understanding was wrong?

You didn't move the buttock bone away.

Move the left buttock bone - away.

Then where does the groin go? Down.

So, don't speak of the groin at all - when she did - the pose went wrong.

When a student directly listens to the instruction "Move that groin back", then for the student the groin is the main point at that time.

If you say "Groin inside" it will be absolutely wrong.

If the groin is pulled inside like that, it will create a problem.

Move the buttock away.

Observe - the thigh rotates inside more - the flesh and bone come level keeping the groins soft - descending to the ground.

You ask questions "What to do for abdominal problems, what to do for the cysts"?

But you are not answering me - what is happening to your abdomen?

In Paschimottasana if you do what she asked - "groin in" - observe what happens to your abdominals. It hardens there. You are hitting your organs inside.

And we say do forward bends during the periods.

But if you hit your organs like that what will happen? It makes things worse.

The groin has to descend downward.

The problem of the straight leg, the left groin, is solved - but what happens with the bent leg groin - the right groin?

The right groin goes outward toward the right inner knee.

When the bent leg side opens, what happens to the extended leg groin?

The left groin goes down more. See now nature teaches.

Student/teacher: The right groin travels from the inner hip out towards the inner left knee. The outer cap of the right knee let that travel downwards, towards the floor.

Geeta: What is it - it is not specific - which way the right kneecap has to travel?
Is it India to Australia or India to Colorado? (Laughter) Which route should I take?

Student/teacher: I'm using this instruction as a way to get the outer thigh to become

soft. So that the right leg - the femur is able to move closer to the floor.

Geeta: You have shown the right direction. Move.

You have to touch people.

Changing the direction like that is like me reserving my ticket to go to Colorado.

I said my route is from India to Colorado, then suddenly you said from India to Australia. What am I to do? You have changed the route. So how can that be? I can't go to both places at the same time. What to do? (Laughter)

Class: Come to Australia! (Laughter)

Geeta: You can't say the right knee down that is likely to dislocate or injure the knee.

Move the right thigh backward.

The knee travels with thigh - it doesn't travel the other way.

Travelling is a good word.

I won't say "The thigh travels".

The basic intelligence is that the thigh is stable. Be firm there.

It is my Pune, my homeland, where I live permanently.

I won't say "I'm travelling to India" when I am staying (stable bent leg thigh).

If I am to travel - it is with the body forward.

In going forward - the right outer thigh is the stable intelligence.

It has to be absolutely stable.

The first instruction should have been - right thigh down - then go forward.

First see that the right thigh is rolling back

Don't lift that area at all up.

The moment you allow it to go upwards, then the whole thing is going wrong.

Then you may roll very badly on the ankle.

When things are unknown or not very clear to you follow "Light on Yoga".

Bend the right leg.

You could say at what angle it has been kept.

Don't lift the thigh.

Don't lift the knee.

Bent leg thigh - don't lift it upward - so they keep it down.

You can't just teach in a creative way like Gururji does. Creativity is not meant for those who are not stable in their practice. Because there are so many things that you don't know and you clearly don't understand. Gururji has done Yoga for 60 years. When he started, he never said, "I'm experimenting". In the beginning in the 30's and 40's, he never said, "I've got creativity". He realised only later when people made him aware of his creativity. Understand his humbleness. He didn't develop that creative quality by thinking he was a creative teacher and could do whatever he wanted. He became creative by finding out why. Why people were unaligned. Why was their back tilted. Why couldn't they do on one side. His instructions came to adjust that. He questioned "How is it I'm getting this; how is it I'm not getting that?" and then he instructed about the groin, about the thigh, or whatever it may be. He didn't speak about the groin and thighs just to speak of something.

Do you see all these subtle instructions in his "Light on Yoga"? No, because for a pupil reading the book those instructions are enough - the way the pose should go. My book came later. In that book, after asking Gururji, we added things to be

observed. When we introduced what you are supposed to look for in the final pose, we also gave a few points on where you are likely to go wrong. These special instructions are also a part of it. Points like "Take care that this doesn't happen" or "Do a little more in this manner".

When you are teaching you should not give too many points because people will be confused.

Limit the points to the basic mistakes that can occur.

More confusion is something you introduce.

But in a direct instruction, you can't just speak something about the groin or something about the pelvic. It's not a lecture you are giving.

It should be directed - to what is being done.

See immediately and clear any confusion.

When she said "back", what is back?

When somebody said "it is down", what is down?

Understand, the clarity should be there - so don't have that kind of confusion.

Somebody asking in Sirsasana to have one little finger inside the other little finger is not creativity. Gururji has created even how to do headbalance on a commode! But he just doesn't say, "Alright if you can't do Sirsasana do it on commode". (Laughter) He didn't say that. He tried with one person who said "I want to do but I can't move my shoulder". Do you know who that was? You don't know. It was a secret. It was for Krishnamurti whose shoulder and neck were bothering him. Gururji wanted something like a stand to use so the shoulders were supported. There was nothing like that in the house, so he thought to try with the commode. Then the boxes and chairs come to be used for Sirsasana. So understand creativity doesn't just come from heaven. You have to think. When a person is keen to do, yet he has some problems, what can be done? This comes after working for years together. It's not in the very first days, "Come on, let's go to the commode in the bathroom and we will start there". (Laughter)

Try to understand these things.

Do not create - do with simplicity.

Otherwise - things become complicated.

That is why you find me a tough teacher.

Because you are not doing simply what has to be done.

Why do you want to explain in a complex way?

If you talk about the forearm, you don't mean the elbow.

There is a complication if you mean forearm and you are talking about the elbow.

If you want to talk about the elbow, talk about the elbow.

If you want to talk about the forearm - say what has to be done with the forearm.

Then it is a direct instruction.

Paschimottanasana

Geeta: Feet apart for pregnant women. This instruction is important.

All of you keep your feet one foot apart.

Now you will know what I mean by travelling.

Observe with your feet apart - what happens to the groins.

Join the legs feet together. What happened to your groin? It came up.

That will make you to understand where the groin settles.
Spread your legs - observe - adjust anything you want to.
Sitting with legs apart your groins go where? They are going down.

Now don't disturb the groin position and *join the feet together*.
So the groin doesn't lose its natural position when joining.

Even in Sirsasana - with the brick between the thighs - you don't suck the groin in.
If at all an instruction is given it is "Hold closer the brick with the thighs".
If you say "Put the brick between the thighs and come on, suck your groin inside" it
will go wrong, because the groin is a muscular part.
It is a muscular region and you will pull the muscle - you will pull the ligament.
What is the point of working that muscle and ligament?
Internally you have to work.

Now see - suck the groin into the body as she said to do.
Observe how much you hurt your ligament.
Observe what strain you get on the ligament - how the muscle has to be pushed in.
Feel the difference - do the natural way - just keep the groin soft - descend it down.
Keep your spine erect and see how the position gets adjusted.

Student/teacher: Go down, taking your side ribs forwards to your feet. Take the
forehead down even if you can't go down low, so the back of the head is soft.

Geeta: You said "Side ribs towards the feet" - now emphasize on that.
For example, if I didn't understand what you said, how will you make it clear - how
will you emphasise on that?
In teaching process - you are missing something.
What you want to say is not coming with clarity.
What do you want them to do?
Say what has to be done in Paschimottanasana.
You said "Floating ribs towards feet" - is that enough instruction to understand?
You are just adding the points and that is not teaching.
They do not understand what you are saying.
It won't come unless you are teaching naturally.
So I'll give you a clue - emphasize - what do you expect them to do.

She said, "Head down, floating ribs come forward".
Have their floating ribs come forward? No.
Then describe in what way they are to bring out the floating ribs.
What has to be done? Which corner of the floating rib?
Is it the back floating rib? The frontal corner of the floating rib?
What you want them to do?

Student/teacher: The sides of the floating ribs - take them forward - and then bring
the breastbone forward more.

Geeta: See how you come to it and added "breastbone".
Breastbone has to be activated like that.
Her initial instructions didn't give the word breastbone - now she says breastbone.
She gave one instruction then waited for a comment of mine. Like a commentary
on the "Asana Sutras". (Laughter)

Demonstration - on a 4mths pregnant woman.

Geeta: What should she do with the floating rib, do not ask her go down.
The side floating rib region - you have to move forward, and lift the trunk upward.
Side floating ribs to the front edge - is the area that has to come forward.
The back floating ribs don't go up.
If they go up the spinal muscles there will go up.
They cannot go up - the side floating rib region has to come forward.

Pregnant ladies are not supposed to bend down.
They are to keep the front chest in Dandasana - but forward bend action on the side lower ribs.
Paschimottanasana - on the side ribs.
Dandasana - the front chest upward.
Move the dorsal into the body and move the side floating ribs forward.
Soreness will also go.

Demonstration: on non-pregnant woman
Did she move the floating ribs forward?
When going down - she moves from the upper floating ribs.
She is not moving the back lower floating rib area.
The back lower floating rib area has to come forward.
That is what you have to know.
She has to cut the outer edge of the thighs straight down - to move the floating ribs.
That is for the back floating ribs.

To move the front floating ribs - move the groin down.
Move the head of the femur bone down - and move the frontal floating ribs forward - then go down.
Head of the femur bone down - now move forward.
See - how much the waist is extending.
One point - move the floating ribs forward to the feet - but how many movements you get - that is what a teacher has to magnify.

Adho Mukha Svanasana

Geeta to student/teacher. Don't give so many techniques.
You said "Keep the palms properly, legs properly."
Watch what you said - you must check.
Check the right palm/right foot - left palm/left foot, is it in line?
Make two parallel lines with the bones of arms.
Make sure the wrists, the elbows, the shoulders are all in a line.
Aligned so you are not dropping the elbows down to the floor.
Is the distance correct? To correct the feet should move.

Starting with Adho Mukha Svanasana then you are going to do backbendings.
It will be a quick pose. You are not going to do this pose for a half-hour.
With Urdhva Mukha Svanasana, Ustrasana and Urdhva Dhanurasana in mind what extensions do you need in Adho Mukha Svanasana? What is the connection between Adho Mukha Svanasana and these 3 backbending postures - action wise.

As a teacher - what will you pay attention to? What will you emphasize?
Where is the real freedom required for backbending?

If it is thoracic, what will you do?

Open your chest in Adho Mukha Svanasana so you can do better backbendings

Arms straight - legs straight - opening up the sides of the trunk.

Don't dig the centre trunk straight away.

It is a fact that in dog poise you train the limbs - the arms and legs work.

True, your shoulders, everything opens because even if you don't do backbends, it has to open.

No doubt, armpit shoulder openings help you in starting to do backbends.

But why has this pose been chosen – come to that point.

You should know that in backbend we never touch the spine straightaway.

The lengthening of the trunk has to come.

Though the spine is going to curve - as a teacher, you don't ask anyone to move the spine straightaway.

Move the sides of the trunk.

In this pose - it is the length of the sides of the trunk - you have to get.

The standing poses support you for the backbends.

In the beginning, before backbends do a few standing poses to get the extension.

The freedom gained in Adho Mukha Svanasana is not just shoulder blades, shoulders.

The real action is on the sides of the trunk - it goes upward - lengthening.

The side trunk is always lifeless - so it is there you have to think and penetrate.

You never hit the spine first in backbendings.

The side extremities have to be released from the inner grip.

Lengthen the sides.

The freedom has to come on the sides of the trunk.

Of course, in any pose, the outer structure has to be correct.

But the main point is to connect - the palms - opening the fingers - to the arms - side trunk.

Outer head of the legs - have to lift - for the side trunk to go higher.

The head of the femur bone back - to lengthen the side trunk.

It is like soil, you have to make the soil loose. You have to dig the soil.

You can't just plant or sow the seed if the ground is hard.

In this pose you have to work to open the sides of the trunk in order to create freedom for the backbendings.

Another clue is about where the feet should be.

The moment the feet are walked in - in order to keeping the feet down - the trunk is shortening.

To lengthen the trunk - walk the feet back - extend sides of the trunk – lengthen.

A simple thing you do to prepare for backbends - don't you sometimes curve over the Viparita Dandasana bench to open up?

Does it give a complete back arch? No. Though, it is a back arch pose.

You open up the sides in that lying down extension.

Dog pose serves the same purpose - so you can bring life to the sides of the trunk.

You can't hit your back straightaway.

Prepare in Adho Mukha so you don't get backache.

The clue to - why you get backache - is because you hit your spine straightaway when it is unprepared.

Connect the dog pose with the sides of the trunk.

Get the stretch on the side trunk.

To tell a beginner that it is going to be a backbending class is not going to prepare them. They are unprepared mentally. So prepare by penetrating, by interconnecting the asanas and the instruction.

Adho Mukha Svanasana as a preparation for back bends - you have to watch the sides of the trunk - if they are open or not. To do so:

Elongate the little finger.

Where does the little finger connect?

Elongate the little finger and extend from the wrist.

What did you get? *Answer:* Elbow. Then? *Answer:* Shoulder, outer shoulder.

Now, outer shoulder and lengthen the sides of the trunk.

Unless you open the sides of the trunk in dog pose, you can't get the centre down straight away. Lift the side trunk higher upwards.

It's just like full arm balance except that your feet are down.

The action first has to come from seeing the little finger is kept properly.

There are common things that have to be done in Adho Mukha Svanasana.

Fingers have to be kept open - open all the fingers.

Palms have to be kept properly - open all the knuckles – spread the palms.

Legs have to be at a proper distance.

But particularly you have to watch the sides of the trunk to see if they are open or not.

Geeta corrected teaching method the student/teacher started to teach Adho Mukha Svanasana without saying anything about the palms but started with the gross body - spine up, shoulder, shoulder blades.

These points teach spine stability a good preparation for standing poses and Tadasana.

You do not have any back arch in that preparation.

A preparation for backbending is where the sides of the trunk have to be open from the action of the little finger.

The sides have to be open, from the little finger side up not from the thumb side upwards.

Beginners will get backache when doing wrongly.

You are to keep them safe from this kind of pain.

Student/teacher instruction was to lift the outer corner of each groin and above pubic plate upwards. (This caused confusion so Geeta asked her to show what she meant by outer groin. She indicated outer upper thigh.)

Geeta: I never knew this as outer groin. It is outer thigh.

The groin is where the root of the thigh connects with the trunk.

It is not an anatomical part. It's only the join.

The groin is in the space which is nearer to the trunk inside.

Thigh is a simple word, why don't you use it?

Why make something unnecessarily complicated unless you are very sure about some particular action.

Student/teacher - But the top of the thigh could mean the whole area.

Geeta: The whole area is the thigh.

There is the top area - top front, top outer, top back, but certainly not outer groin.

There is front groin, back groin and centre groin.

The centre groin is in the middle of front and back groin.

The inner portion of the thigh is the area which is called groin.

Anatomically the lower arm is different, upper arm is different and they are separated anatomically by the elbow joint.

It is a joint so that is why "outer groin" is not in the vocabulary.

The top of the pubic plate is a bone. Pubic means bone.

The area above the pubic bone is abdominal region.

In dog pose it is not the area above the pubic plate that ascends upwards.

Again, there is confusion.

You don't know what to do with the pubic plate.

You wanted to use that anatomical word "pubic plate".

You don't know in dog pose what to do with the pubic plate.

Demonstration: using a rope for supported dog pose. Does the rope go above the pubic plate, or does it go below? *Group answer:* Below.

Student/teacher (in pose) answers: "The rope is now pulling on my thighs and it is moving the pubic plate upwards".

Geeta: Bringing the pubic plate into the picture is unnecessary you can say upper thighs, root of the thighs, outer thighs. Mistakes sometimes occur because someone receives the instruction very accurately with the words but they give the wrong action.

Lift the buttock bone; see what happened to your pubic plate.

Why not concentrate on this.

Why create confusion.

You add extra instructions for no reason.

Next technique - next confusion!

You should be very clear or otherwise confusion.

Move the head of the femur bone higher upward.

Buttock bone projecting upward.

The buttock bone is the peak, which has to face the ceiling.

Observe - when the buttock bone faces the ceiling what happens to your pubic plate Does it go upwards or is it descending towards the trunk?

Urdhva Mukha Svanasana - *from downward dog*

We started with the first back bend Adho Mukha Svanasana then Urdhva Mukha Svanasana.

Going from down dog to upward dog is a motion, so give the motion. You are just giving information; specifics.

Ask the students to do 2 times, 3 times to find out what they are doing.

You have to also catch what they are doing.

They have already done Adho Mukha Svanasana so make them quickly go to Urdhva Mukha Svanasana.

Teach directly.

Has it got meaning just to say, "Go down do the pose"?

Which way?

You may just ask them "All of you lie down on your stomachs".

When you explain something for backbending, the limb work is most important - the arms the legs.

You can't jump and explain somewhere else.

You started with the hips.

Don't touch the hip at all - shinbone - thighbone - knee - explain.

It takes a long time for them to reach their buttocks but they reach the limbs easily.

They reach their arms and legs so tell the class about them first.

Are the arms correctly positioned? Are the legs correctly positioned?

Student/teacher then gave many points including "Turn the feet over so you're squarely on the centre top of each foot; stop the feet from bananaing in, bring the bones of the leg up away from the floor. Keep the kneecaps upward."

Geeta questioned the class – "Did you get all the points? Banana what?"

Student/teacher To stop the foot from doing that - big toe going in making the arch of the foot like a banana.

Geeta: She used the metaphor "The arches should not be like banana".

I say - Don't turn the big toes inward, extend the big toes back to the back wall.

Turn the inner heel to the outer heel, round shape.

Circularly, take the inner heel to the outer heel.

Keep that centre metatarsal balanced in the centre - outer metatarsal towards the small toe - inner metatarsal towards the big toe - let them be completely extended to the sides - open the metatarsal.

From the anklebone to the metatarsal, extend the toes.

See whether you turned your calf muscle from inside out.

Suppose your calf is not turning. What you have to do is move the inner shinbone to the calf.

Turn your calf muscle from inside out.

Inner shinbone to the calf - lift up.

Now come down. That means rest.

In Urdhva Mukha Svanasana, we start with the feet. It is the base. If the foot is going wrong then you hit your spine straight away in the wrong way. When correct, even if you stay there for a while, it doesn't hit your spine. Once the legs are in the proper position less is the chance for spinal injury. If the legs are wrong, there is a chance for spinal injury. Even that is a starting point. You may not pay attention to other things because you have to repeat 3 or 4 times. Then gradually come forward with the hands but adjust the metatarsal first. Adjust the metatarsal and see whether tension on the back is lessened or not. Press the metatarsals and you get the lift. So first the metatarsals and then knees to get the lift.

Going from Adho Mukha Svanasana to Urdhva Mukha Svanasana where is the control? The legs are strong, no bending at the knees. The weight goes on the centre metatarsals. Do Adho Mukha Svanasana. How do you move the shinbone, knee, or thigh? What happens to the back of the legs? They go back and which way do they open? Push back - make space for the thigh, shin to go back, but did you make space for that knee to go back? Do Urdhva Mukha Svanasana.

Shinbone went up. How did it go up? Roll inner thigh out - Roll inner knee - Roll inner shin out.

Teaching is not easy. The connecting actions have to be known. You ask the thigh to go upward, shin to go upward, knee to go upward. What happens to the back when lifting without turning the inner leg to outer leg? The hardness sometimes remains. You have to watch all these things and immediately say 'lift and turn inner thigh out' so backache is still lessened. Suck the knee, suck the thigh, suck the shinbone, and open the calf muscle. Move the inside of the thigh to the outside of the thigh. Press the outer metatarsal and see how the toe is also now getting adjusted.

Geeta explains to a student who has a foot cramp. What is happening is the small toe is getting crossed and that is why you are getting cramp. That is why you can't ask them to stay and explain everything. Urdhva Mukha Svanasana is a tiring pose. It is not a simple pose. Guruji says that these are the poses you have to just touch and go don't hold for long. To go further you can repeat and adjust to find out whether you have done it correctly or not.

It can give cramp. Even on the back a bad cramp especially in this cloudy weather. Do you know cloudy weather gives more cramps? It won't happen in summer if it's hot. Cramps come more when it is cloudy. This is cloudy weather cold not the cold of winter. When the weather is cloudy you are not getting direct sun. The cloud covers the earth like an umbrella. The cloud is like an umbrella on the Sydney area. Similarly in the body the same thing happens. Even your blood vessels are covered. That is why you get cramps especially when you are touching the cold floor. This also has to be known. If you can see the sun nothing happens. You can stay a little longer.

Just to look at the shoulder blades. At least for me anyway it takes 3 minutes to feel my shoulder blades. If I have to move the shoulder blade it takes time because I have to penetrate. It is an action not just a word. Shoulder Blade is not just merely a word. It is an action that has to occur there. Then you have to check if the action, which occurred is correct or not. Find out chest, arm work. Is the upper arm compressing your chest; is the chest caught between the upper arms? - then create space.

If the arm is coming forward you either have to move the tailbone into the body, suck the legs inside or you have to work with the arms back. For a beginner I would say 'take your palms back' because it won't injure their spine. Taking the palms back and not moving the feet is much easier for them. To move the leg is an intensive movement. Arm movement is simple for the beginner. The arms have moved so they move the spine into the body.

What about the chest? - Adho Mukha Svanasana legs? - The side trunk? What is the preparation of backbending? Open the clavicles and see the top chest. The good clue in Adho Mukha Svanasana is working the side. If you apply the same in Urdhva Mukha Svanasana, you are prepared for backbending. Urdhva Mukha Svanasana is an upward movement. To lift the sides of the chest see what kind of work you have to do on the arms.

Move that inner upper arm out.

Move your palms one inch back, only one inch.

Lift the sides of the chest and see how much further her clavicles have to come out. Lift the head of the femur bone and open the top of the thigh. See her chest at the front. That's why I gave this instruction. See now her chest is open.

For beginners - all of you go on your stomach.

Palms nearer the floating ribs.

Open your fingers.

Now come up with the head.

Open the chest and go to the pose. More I won't explain. Now you understand - the back is not to grip anywhere. They can come easily. Without pushing from the leg side, they can work like this.

Now go down on the floor.

Adjust your hands further back.

Extend your metatarsals.

Press the metatarsals.

Then come forward from the sternum and move to Urdhva Mukha Svanasana.

Lift the thighs from the back of the thighs.

After repeating Urdhva Mukha Svanasana 2 or 3 times they have a background.

Ustrasana

Place the palms on the buttocks.

Geeta: In Ustrasana what is forward with the sacrum? Which way are the fingers moving? I would say the hand is going downward but she said forward. It is confusing. If it is fine for you – OK. I would say for Australians that is forward but for Indians that is downward. If I showed to my pupils what you are doing, they would say that you are showing a downward. How can it be forward?

Student: Isn't the sacrum going forward and the buttock going down the same movement?

Geeta: That's partially 50% OK. Sacrum coming forward but what do the buttocks have to do? 'Ustrasana buttocks downward' she said 'sacrum forward' - do you move the buttocks downward? Is it the action – sacrum forward, buttock downward? With the forward action, the buttocks certainly do not go down. How can the buttocks go down? I think sometimes this is confusing for you. You see the external movement. You are not seeing your own movement. Unless somebody shows you, you don't understand downwards and forwards. With external observation watch the buttocks - did the buttock go down? The action was going forward and you are saying go downward.

The verbal instruction didn't match the hand action; did not synchronize with the action. The verbal explanation was wrong. They listen verbally and verbally you are not sure about the action. Now do it and convey it in words. Did she not move her buttocks forward? So, why not stick to that. Now it actually lifted that's what you saw. There was a contraction.

I don't understand what you mean by *soft* with the instruction 'The back of the neck soft as you take the head back'. The back of the neck is extended. Say 'extended'. You said 'take the head back keeping the back of the neck relaxed. Extend the front of the neck'. She said 'back of the neck relax'. Tell me honestly - does that

make sense?

Demonstration: Why are you doing that? You know very well that the head should not drop because you said 'it cuts the blood supply to the brain'. So, what are you supposed to do? If somebody really drops their head like that, then tell them 'please don't do that'. But I didn't see anyone dropping their head like that. We won't do what we are not supposed to do. But what are we supposed to do. Forget that blood blocking, no circulation and dropping the head and everything that is wrong. But what will we do?

Your explanation about the buttock was better explained when you were doing the pose. You are not connecting your techniques with what you should do. We understand what we should not do. Now the question remains what should we do? I don't want it just verbally. I want it while doing the pose. Explain exactly from the inside while bending and stabilizing the neck. Be specific.

It isn't written in Light on Yoga like that. Guruji never says it like that. If it is wrong, it is wrong. If you think no this is fine, you can go anywhere you want to learn, but I will reject it. You understand the point. Others are happy with that – fine! This is how people break with Guruji. It is not new for me. They don't accept but it doesn't matter. They become famous. They travel from this end to that end. But a genuine man is doing 100 times and finding what he is teaching. He is still finding. If you don't want to accept – fine. But now I want to know exactly what you do - tell me.

Don't go back again saying what you don't do. Show what you are going to do. What you are doing exactly. This is what real penetration is. Techniques I need not say. Books are there to read the technique but now you have to be in the present. Suppose I get a headache, what am I supposed to do? You have to know the answer. If you do not have a headache problem and you are strong you can do Ustrasana 8 times and still I don't get headache. In the intensive, did we not repeat Ustrasana 8 or 10 times?

We have to take dedicated care of the trapezius to find why it is going upwards. It has all gone upward and she is only concerned about her neck. In fact, her neck curvature is OK. It is not a straight neck but still there is a problem. When she does the wrong pose - the one we should not do - she hits her head. Actually the neck is in its place. Whether it is a lengthened neck or curving neck, the neck is in its place. It is the trapezius and the top dorsal, which is ascending, and it is supposed to descend. It is thick. It won't go in a day. It needs strong work to move that. So, what you have to do is:

Demonstration: *Geeta stood at the front of the student. She took her hands under the student's arms to her back and eased the trapezius downward.*

I don't touch her neck at all. The trapezius and the top dorsal have to come inside. That area was not descending and was getting tighter.

Demonstration: *Geeta placed a rope behind the neck and in front of the arms as a harness with another rope attached and pulled down between the students legs.*

See her neck is so much longer. She can take her head back any amount. It doesn't matter; nothing happens. Open the top sternum bone.

If I had a deformity e.g. if my elbow is completely crooked, not straight I wouldn't explain to others according to my elbow joint. The effect of a crooked elbow can give neck pain. When somebody else has this elbow joint defect, so they don't invite the neck pain, bring the muscular turning on the bone many times. The inner elbow bone is projecting. I learn from my deformity that the pain comes and deflects pain to the other place. Then I help somebody else who has that deformity. It is not that for everyone it is done differently.

It is not in Guruji's method that everyone does differently. He has to say differently to her. He has to emphasize for her somewhere else. It has to be. Because we see the crookidity - what can be done? So, technique doesn't change. Basic technique doesn't change. There is a deformity so a way has to be found for that part to do the correct movement.

We have never said push the top dorsal upward to the cervical - never. We say 'suck in'. Whenever you get the neck pain we say (centre top dorsal) 'suck into the body'. She has to say, 'take care the trapezius goes down and it has to go into the body'. The vertebra, which is projected, has to go in. Sternum bone up. Lift the top sternum bone, top sternum bone has to come up.

Urdhva Dhanurasana

Geeta: Adjust the class so you can see all of them. The teacher is supposed to see the students and the students are supposed to know the teacher sees them. There has to be a contact between the teacher and the students. Ask them to lie down and keep their head towards the stage feet to the back wall. Don't have them scattered everywhere. You have to see they understand what you are teaching them. Sometimes from their eyes, the teacher will know if they understand or not. From their facial expression, you will know whether they understand or not. Communication is important. The teacher's words, even with proper verbal explanations will fail if they are far away from you. With verbal communication, the students have to catch the words. Will the students listen to the explanations?

Geeta to student/teacher: You are going to kill them because you are not proceeding. What is this intermediate pose? (*Keeping them halfway into the pose - lifted up but keeping shoulders on the floor*). In an Iyengar yoga book, you don't see an intermediate pose like this.

Where you have to be quick you have to be quick, where you have to be slow you have to be slow. Now this business about the shinbone has to move forward or backward - whatever it is - what was the point in explaining this point when you haven't touched on what you said about the outer heel and the back of the heel? Where is the connection between all that and the shin? So what do you want to say exactly? What do you want them to do exactly?

To a beginner, a newcomer you say 'today we are going to start with backbends'. A newcomer means a person who has done standing poses, forward bends, twistings, - whatever you teach in a beginner's course. You have given the background of Ustrasana and Urdhva Mukha Svanasana so will you teach it this way? What will you teach? What will you do?

Group: Get them up.

The pose is still not coming so what is the point of explaining the shin knee or ankle or whatever you say. You have to teach them the pose. They have to go for backbending. Not just holding and giving too many details which are not even connected details. Give those details when they go wrong. The details about the heel and shin are not leading anywhere. These details are not working on the backbend. The students are on the shoulders, they are on the back of the head etc. The buttocks have not go upwards and you say 'back of the knees move to the thigh': where is it leading?

Ardha Urdhva Dhanurasana (crown of the head on the floor) was held for a long time. They have to go to the pose. You have to find out what points they are doing. Ask them to go to the pose. The feet inside, palms in position - that first step you said. So tell them the next step you would like them to take. What exactly do you tell your pupils when they have to go to the pose? What is the reason for keeping them halfway - hanging there? You should give some reason behind that. You say there is no good reason. If you don't teach like that in your class then why are you teaching like that here? It means you are creating something from your head.

So make them do. What do you do; what do you teach in that intermediate stage? If they were not progressing well, what would you do? What will you look at? It is not just finding points. They are missing something - that is a fact. You are missing the point. Where will the emphasis to lift up be? A person who knows nothing about backbends and starts with a backbending class - where do you ask them to push or lift, the impetus? It is arms and legs. Why are you not coming to that part? Can a new person wait like that? Have they got enough strength in the arms and legs? Don't you feel sometimes in your backbending that you can't lift your upper arms and you can't lift your thighs? Don't you feel that when you are tired? Then why don't you come to the point? You are going further and further away from what to do. What should the feet do where should arms be.

Have you seen a newcomer perfectly positioning the feet and palms? It is fine to say 'keep your feet closer'. Even 'toes facing forward' is fine. Palms adjusted properly is absolutely fine. But don't keep a newcomer for 5 minutes on their back talking about the palms and feet. What are they going to do? By that time, the body becomes heavy. This is done in an intensive course when you are supposed to learn; you are supposed to know all these things. There we are very strict with you. But in a general class, you have to come up and show them what they are supposed to do. Why search for imperfections? Keeping them halfway on the shoulder is certainly the wrong way to start. The starting itself is wrong. A beginner cannot lift; they cannot come on the crown of the head. The moment a beginner's head comes slightly up we say all right come up. Later we will keep the crown of the head down.

Go to the pose first. Make them to do. Later do what has to be done.

Most of the time a beginner has the foot going out. It is a gross body. To bring the toes inside the foot has to come to the straight position. Then how do you explain about the heel? Then what next do you want to tell them? Lift the buttocks when you're up. OK how do they keep the buttocks up? What will you do, as a teacher, when a beginner is doing? Will you first say buttocks upward? If they don't go then it's my duty as a teacher to find out where I am supposed to touch them if they are not coming up. If they are remaining on the ground how are they to lift up..

Teaching Application and Aptitude

Teaching Points given by Geetaji during the teachers course

Class Control

First are you able to see everyone? Are all in view? Secondly, is anyone hiding behind someone? Tall people to the back and those who are short come forward. That should be a clear instruction from the beginning.

Adjust the class so you can see everyone. The teacher is supposed to see the students and the students are supposed to know that the teacher sees them. There has to be a contact between the teacher and the students. Don't have them scattered everywhere. You have to see they understand what you are teaching them. Sometimes from their eyes the teacher will know if they understood or not. From their facial expression, you will know whether they understand or not. Communication is important. The teacher's words, even with proper verbal explanations, will fail if they are far away from you. With verbal communication the students have to catch the words. Will the students listen to the explanations?

This is also one of the points a teacher has to learn. It is not just explanations going on. A teacher should impart knowledge. When you have to impart knowledge and give a particular instruction like interlocking the fingers how will you attract their attention? They are not facing you. They have not started Sirsasana. When the students don't know what is happening, what is the point?

Is it not also the student's duty to see what the teacher is explaining? They could not hear. They didn't know what was happening. They don't know what is happening because it is already in your mind what you were going to do. You were in the future.

Get them to come up. Ask them to look at you. You can't give instructions to the air. These are the little, little things a teacher has to know. The students have to feel the presence of the teacher. Feel the teacher is teaching something. It is the right way with a newcomer - to definitely explain about fingers, wrist etc. In a general class I may not, but in an intensive I call them to look lots of times so the instruction is fixed.

Sirsasana doesn't require much space so you can bring the mats a little closer. That is one way of showing. If they are in their places you can go in the centre and ask them to gather around. But when they are all scattered, they are not attentive. To attract their attention you can say "Please listen to what I am saying" - "Come a little closer". Then tell them from that central position exactly what you want.

When the teacher demonstrates and explains at the front of the class for the students to work on the right - the teacher works on the left (mirror image). They follow the same direction. Beginners especially get confused if they see the teacher turning to the other side. They follow you, picture-like. They follow as if watching TV. In Virabhadrasana 1, when you turn you turn to the side. Their front is now the side of the room. The teacher cannot stand on the platform then ask them to turn to the side. If all the students face

the side the teacher has to go to the side and watch or has to change the position of the class to face the platform.

You have to turn according to the direction of the class. If they are turning to the right - you will be turning on the left. Also, if you want to see them in Parsvottanasana pose then put your mat this way (from horizontal to vertical). You can watch them. Facing the group you can see them and explain. When they go to the pose be quick (turns around in forward-facing Parsvottanasana) so you can watch them and do it with them.

That's why I asked the teacher to come to this side. Whether it is Virabhadrasana 1 or Parsvottanasana you have to come to the side to see. You can't judge from the front.

Even your gestures should give the correct understanding to the students. Show a direction with your hand. If you are facing the students know the relationship of forward and backward. For example in Virabhadrasana 1 your directions to go back are in the opposite direction to theirs. A motion to the students to take their leg back should not be shown with your hand giving a backward movement in your direction. Beckoning them forward to you is wrong. The direction to move their leg back, that is away from you should be shown in their direction.

Instructions have been given. Now look at the students. It is your duty to look and see. Watch, differentiate, and connect. Look at the differences in behaviour, direction, and measurements. Show, adjust, and see them from the front. See them from the back. Turn them around to see if anything is faulty.

Geeta questioned a student teacher: Why are you walking? Don't go here and there. Watch them. Don't just walk unnecessarily from this end to that end. No doubt I go from end to end in my hall many times but I don't just say, "Come on Urdhva Mukha Svanasana" and walk. You can walk but say what you want them to do and watch. Walk and find out if everyone has their legs correct.

Verbal language

Which pose are they doing? They are unprepared. You must say the name of the asana. Tell them exactly what they have to do.

The words the student/teacher used "Chest square, pelvic square" are words you use which we normally don't use. Why don't you use the same words so that when they come to Pune they will understand?

You are all using that phrase, "Make sure, make sure". Neither the teacher is making sure, nor are the students sure about it. When teaching postures, you may give preliminary instructions on the primary thing to do. But where do all these instructions lead? Did they do all the instructions? Did you make sure they did them? That is the duty of a teacher.

'Right foot out, left foot in' - that is the language required when the instruction doesn't go into the head. When they are tired the head doesn't receive the instructions. That is why we raise our voice.

I raised my voice and used a strong voice otherwise he won't open. When teaching, if you see that something is not coming then you have to raise your voice. In his case, he may not listen to my voice but the sternum listens! (Laughter) You have to speak a little louder when there are many people. You have to speak a little louder with certain postures like inverted - otherwise the students can't hear. If your voice is low when teaching new people, they won't be able to catch because they are unprepared. It is unknown work for them.

The verbal instruction didn't match the hand action, did not synchronize with the action. The verbal explanation was wrong. They listen verbally and verbally you are not sure about the action. Now do it and convey it in words. Did she not move her buttocks forward? So why not stick to that. Now it got lifted. That's what you actually saw. There was a contraction.

I don't understand what you mean by "soft" with the instruction "The back of the neck soft as you take the head back" in Ustrasana. The back of the neck is extended. Say "extended". Then you said "take the head back, keeping the back of the neck relaxed. Extend the front of the neck". She said "back of the neck relaxed". Tell me honestly does that make sense?

Repeat specifically what you want them to do and not just give information. They are not computers taking all the information in and then finding out what information you specifically want from them. Stop there and ask them to give the motion. From Adho Mukha Svanasana to Urdhva Mukha Svanasana you should specifically give motion.

Student/teacher then gave many points including "stop the feet from bananaing in". Why make it complicated? When you make it complicated I have to correct more and more. See how many of them did not understand what you meant by "banana". This is like a simile or metaphor. You have to use it in the right way. Let me use her example "Don't keep it like a banana". Then what do you want them to do? Explain the real action. The use of the metaphor is to make them understand, but the action is the most important thing. We don't want the foot like a banana but then what else do we have to do? Should we keep it like a gourd!?

How will a beginner understand banana? They don't understand where their feet and toes are. Tell them where their toes are, where the feet are. Don't even use metatarsal. You can't explain that. Simply tell them "Don't turn the big toes inward, elongate your arch of the foot". A beginner wants to do. A beginner drops the knees and the thighs down. A beginner drops the legs. So what do you have to ask them to do? To raise them so they don't go to the floor. Emphasize that point.

If you narrate like a story it is not teaching. You should not narrate an asana like a story. It is not storytelling. It is not just so many points of instruction. You have to watch to improve. It is your business to see and to connect with the pupil. Be one with the pupil not one with the technique. You can't apply techniques first and then teach. What students are doing you have to observe. What they need you have to observe. How do people present themselves in front of you? When forty people are standing in different styles you have to observe the weak points.

This is another instruction for all teachers. You cannot just continue with sentence after sentence. We are not reading a book. When you read a book you go one sentence

after the other. In technique we can't just read a book and finish it there. Something actually has to be done. You have to find whether the action went inside. But with fast instructions it is like you are reading a book and that should not happen. Convey in a proper way with emphasis on that action. The emphasis is not on the sentence but on what exactly we want them to do. That means your instruction has to be put into practice right now - watch the connections - see the differences. Check the instructions by watching whether those things are happening or not.

Don't teach from your head with any instruction. You have to know what has to be done now. That is the teacher's duty. A teacher becomes a better teacher by watching all these things. Sentences after sentences. In Triangmukhaikapada Paschimottanasana if she's tilting it's my duty to see why. If she is tilting, it means she did not go on the shin - so press that shin.

These instructions are cause-directed instructions, not technical instruction for technique. Each time you renew, change or improve - techniques will be added because understanding comes. Similarly, when something is painful, instructions will be added because you know the pain. When somewhere is not opening or not coming an additional point is given.

A teacher needs steadiness - you can't be unsteady. If you are not sure you stop the path you are on. Limit yourself to what has to be taught; what has to be done. Clarify later with a senior teacher. You have to be specific. You can't just say "Okay - all right - Okay - yes, all right - Okay". All teachers have to stop that dialogue, that kind of conversation as if you are talking to each other. You are teaching directly. Has it got meaning just to say "Go down, do the pose"? Which way? You may just say to them "All of you lie down on your stomachs". They have already done Adho Mukha Svanasana so make them quickly do Urdhva Mukha Svanasana.

When you use that word "organic body" you have to be very, very, very careful. The kidneys are organic vital body. Lungs are organic vital body. Students know the place of the kidneys but they don't know whether they are doing with kidneys or they are doing with the muscle. When she said, "squeeze it", they contracted there. That is painful spinal muscle. The spinal muscle will be so painful you won't know how to release it. So organic words - the kidney, lung, liver - you should not use in a common way.

I won't say "Move the kidney in" and I won't say "Squeeze the kidney in". It is a simple easy sentence "Squeeze the kidneys inside" but you are more likely to do it wrong. Normally, when speaking about an organ, you do it with the muscles. It has to be done very, very carefully. You don't say "Open your heart" you say "Open your chest". If you say "Open your heart", they may do anything with the heart. You say "Open the inter-costal muscles". You say "Open the ribs" if the chest is caving in. You know that the heart is hiding somewhere inside and there is pressure on it. You don't say "Open the heart" to a heart patient. You say "Open the chest".

When a gross instruction is given e.g. "The leg goes upward" it is absolutely right. But when it is subtle, you have to be exact. Find out which area is going upward - which area is going down - which area is extending. Is it easier to penetrate if you say with clarity exactly what you want. It is clearer.

Someone is asking a question which is out of context. If you ask out of context how will we penetrate. Where is the key? Otherwise, from the very beginning I have to teach so many things - right palm right foot in line, left palm left foot in line. It's not a big thing. I will build up on what she expressed and what I see.

Visual contact

All teachers have to learn to look when they are explaining. When you mention the toes your eyes should be like a camera looking at the toes. Eyes have to be very quick to catch if the students are doing what you ask. Don't just continue to explain.

Find out yourself. Check. Just one glance.

Check when you are walking to that side of the room you also remain in contact with this side of the room.

An expression of a movement could have two ways of adjusting. If your instruction for an action is taken wrongly, check it twice and correct it immediately. You should see the mistake and express what you meant by the action of "turn" or "up" etc.

The gross mistakes you have to see and why the tendency is to have them.

All the mistakes you see. How do you correct all these mistakes in a short period? See the common mistakes and correct.

Look and adjust very quickly.

In teaching you have to first watch the gross mistakes. You may not go to the deep very refined mistakes. How do you look at all these people? Stand on the platform and look at everyone. Find out who you have to instruct more. Check their mistakes and their difficulties. If they don't correct, ask the person to come onto the platform and show. Fortunately or unfortunately you are all teachers so you have to know. In a general class be quick and adjust them in their place. Go to their place and adjust them. Some mistakes you must correct immediately. This is called helping.

I will correct someone when they are in a very bad position.

A problem can lead us to what has to be done. We guide in one direction. Then if there is a problem the teaching instructions change according to - who has got the bad contraction - who has a bad shoulder - who has less distance?

When you stress one point you have to observe if other mistakes have occurred. If I say "Chest open". That may change the body's position incorrectly somewhere else.

Can you correct the mistakes? Watch for mistakes. That is what building up is. How to teach is definitely a skill. You cannot go on just adding the points. What comes, what they present, it depends upon that. If there is a grave mistake then you correct it. You have to see what other things they are doing. A real teacher is watching, eyes going quickly to what they are doing. If you don't see you are not teaching them. Verbally you are calculating what to say. Basic technique has to be given. Then you have to switch over to see and correct people.

As practitioners, you have to search your body to see if the movement is coming. If you have lost something in your room don't you look for it in every nook and corner? If your diamond wedding ring is lost how anxious you are and how you search. Is it not your duty to search from inside if the movement is not coming.

In today's class everything has to be clear. Further explanations have to be there. You should be clear on how to convey. You should be able to convey.

Connecting points.

Teaching is not easy. The connecting actions have to be known.

When they are just students they are not bothered about the teaching business. The instructions should be clear. I won't say slowly "She has tensed her throat"; "She has tensed her throat". I would say "Charge your chest - relax your throat". I correct why she is tensing her throat then she relaxes her throat.

I see the throat is not relaxed. There are different causes of throat tension. Some puff their throat. Some tense the throat because they are not charging the arms; the arms are not level. Broaden the chest from armpit to armpit - head in the centre - lift the sternum bone up - the throat tension is relieved.

Definitely it is difficult for an advanced student to imitate a beginner and understand their problems but if you don't understand, you can't be a teacher. Beginners have their own problems. They just want to learn. They will give up if it is painful. They will say, "Why should we do tapas?"

What were the connecting actions? You are very fast to catch the words but you are not connecting it.

Teaching is not easy. The connecting actions have to be known. In Urdhva Mukha Svanasana you ask the thigh to go upward, shin to go upward, knee to go upward. What happens to the back when lifting without turning the inner leg to outer leg? The hardness sometimes remains. You have to watch all these things and immediately say "Lift and turn inner thigh out". To further lessen backache suck the knee, suck the thigh, suck the shinbone and open the calf muscle. Move the inside of the thigh to the outside of the thigh. Press the outer metatarsal and see how the toe is also getting adjusted.

The teacher has to formulate. You can break the sentence into two parts. For example in Virabhadrasana 1 "Bend your right leg - left heel press strongly". That means in this pose, pressing the right heel is not the first or main technique. The right heel is stable to a great extent because the weight is on the leg. The dead weight of the body is on this leg. The problem is with the left leg. It will come up, give way. Co-ordinate your own action to find out what has to be done. So the body does not come forward the left is definitely the fulcrum; the front leg is not the fulcrum. I corrected all the time on the back leg except to say that the frontal leg makes a square of the leg.

Is it the right way of explanation, taking all the anatomical body into the picture and explaining each part? To me it is artificial. She is teaching artificially. She's not teaching straight away. I made her come back and still she is not correct. Are you going

to go through all those parts of the body? It is not anatomy and physiology. You have to say exactly what you want them to do. True you have to look after all parts but right now it can't be an explanation of everything. You are not penetrating. So what is the point? It is fine to learn anatomy and physiology at your university. You go to university to learn but you go to classes to find out.

Try to understand these things. Do not create - do with the simplicity. Otherwise - things become complicated. That is why you find me tough teacher. Because you are not doing simply what has to be done. Why do you want to explain in a complex way? If you talk about the forearm, you don't mean the elbow. There is a complication if you mean forearm and you are talking about the elbow. If you want to talk about the elbow, talk about the elbow. If you want to talk about the forearm - say what is to be done with the forearm. Then it is a direct instruction.

Just to look at the shoulder blades. At least for me anyway it takes 3 minutes to feel my shoulder blades. If I have to move the shoulder blade it takes time because I have to penetrate. It is an action not just a word. Shoulder blade is not just merely a word - it is an action that has to occur there. Then you have to check if the action which occurred is correct or not. Find out - chest, arm work. Is the upper arm compressing your chest or is the chest caught between the upper arm? Then create space.

Be open to try new ways, but also penetrate. We also can teach the same asana in hundreds of methods. But we have to know for what purpose we are doing the new way. That is part of learning. You may give different techniques but you have to know why you are doing so. Go to 100 teachers and they will instruct in 100 ways. But finally you will wind up where? It is like when you go to market, you don't know what to buy when everything is plentiful and everything is beautiful. But you pick up something, which is very essential, which is tasty, which is not too expensive. If it is too much, you say "no, I better wait till the price comes down".

You all know the techniques but these techniques are leading where? You have to ask that question and that is Iyengar Yoga. Gururji has given you all these techniques for years. Every time changing to find out what is happening. It has become common to say that Trikonasana and Parsvakonasana is Iyengar Yoga. In the 1960's nobody knew the standing poses. Now every school has introduced standing poses. Back then if they did standing poses it was Trikonasana and Utkatasana. Nothing more. Virabhadrasana I or II did not exist. Ardha Chandrasana was not known. Later when his book came out, gradually they became known. This is definitely a study for a Ph.D. work, which I don't think I will be able to do.

The standing poses became popular later. Now in every book you find them. Parivrtta Trikonasana was unknown and now you find, in every book, that it is good for backache. I am talking about the 1950s and 60s when standing poses were unknown except for Gururji's students. First they found the standing poses were helping. Before they did Sarvangasana, Halasana, Bhujangasana and if at all Trikonasana, Utkatasana, and Uttanasana. They did not know dog pose at all; Adho Mukha Svanasana. After Gururji's book came out they changed. Until then everything was unknown. I am telling you this because many of you do not know this history of Gururji's work.

Creativity is not meant for those who are not stable in their practise. You can't just pick up creativity like Gururji does. Because there are many things you do not know and that

you clearly don't understand. How did Gururji come to that creativity? Gururji has done Yoga for 60 years. When he started, he never said "I'm experimenting". In the beginning in the 30's and 40's, he never said "I've got creativity". It was later when people made him aware that he taught with creativity. Then he realised, he was a creative teacher. Understand his humbleness. He didn't develop that quality, thinking he was a creative teacher and could do whatever he wanted.

He became creative by finding out why people were tilting, why their back was tilted, why they couldn't do on one side. Then he adjusted that. He didn't speak about the groin and thighs like that just to speak of something. His instructions came by doing. What I am doing, how is it I'm getting this, how is it I'm not getting that, and then he instructed that about the groin, about the thigh. Whatever it maybe.

Do you see all these subtle instructions in his "Light on Yoga"? No, because the way the pose should go those instructions are enough for a pupil reading the book. My book came later. In that book, after asking Gururji, we added things to be observed. When we introduced what you are supposed to look for in the final pose, we also gave a few points on where you are likely to go wrong. These special instructions are also a part of it. Points like "Take care that this doesn't happen" or "Do a little more in this manner".

When you are teaching you should not give too many points because people will be confused. Limit the points to the basic mistakes that can occur.

More confusion, that is something you introduce.

But in direct instruction, you can't just choose something that, let me speak something about the groin, let me speak something about the pelvic. It's not a political lecture that we are giving. It should be direct what we are doing there.

See immediately and clear any confusion. When she said back, what is back? When somebody said it is down, what is down? Understand, the clarity should be there, so don't have that kind of confusion.

General

If someone asks you why does Gururji put so much stress on the legs, toes, ankles, heels answer them, "Why? So, you will connect from there from the base up".

People ask "Why don't you say anything about the breath"? Most of the time people breathe incorrectly. In Prāṇayama when you are sitting quietly you make so many mistakes. So how many mistakes might you make when you are doing the movement?

Do you know cloudy weather gives more cramps. It won't happen in summer, if it's hot. When it is cloudy, cramps come more. This cloudy weather cold, not winters cold. When the weather is cloudy and you are not getting direct sun. The cloud covers the earth like an umbrella. The cloud is like umbrella on the Sydney area. Similarly in the body, same thing, even your blood vessels are covered, and that is why you get cramps, specially when you are touching the cold floor. This is also a thing which has to be known. If you can see the sun, nothing happens, you can stay a little more.

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Women's Class.

Whatever I teach in this "women's class" is not just meant for women. A man has given the background for this women's practice. It is Guruji. Guruji who thought over all these things: the sequence, the way to do, the particular style required. He thought of a way to approach certain problems. He imagined what could be done for women's problems. In the same way men can positively do whatever women do. If men occasionally do the same asanas, they will become aware of the kind of changes which are occurring in them mentally. Most of the time men don't experiment.

When women are menstruating they are cut off from certain postures. For a few days they stop doing certain asanas. For men this problem never arises. They don't have to cut out asanas from their practice. But they also sometimes have the feeling from inside that they want to rest. Then the same group of the asanas maintains them and gives relief. Heart attacks in men were mainly linked with stress or strain but recently it has been found it also has to do with problems of the reproductive organic body.

These postures are not meant only for women. They are suitable for all. They are essential for men too. Men may have problems of dribbling urine when there is loss of bladder control, or swelling of the testicles, or seminal fluid discharge. There are postures which strengthen the bladder and surrounding areas. It is not something for men to do only when the symptom arises. It takes men a little time to realise since early on nothing is visible; their problems show towards the end of life. Much later men at 60, 70 years of age may develop a serious disease such as prostate gland problems or cancer.

For women certain problems are more obvious and visible as they have many things to listen to, to guide them. They are aware of their periods, it is visible when they are pregnant and they know the problems they are facing during or after menopause. Other problems are not always visible straight away; if the ovaries are not functioning, the fallopian tubes are blocked, or something goes wrong with the uterus.

It is a simple thing to say these are the postures meant for women but there are subtleties which make the difference. They are not only suitable to do when the symptoms arise. For example, the post-partum woman who is breast feeding her baby in this cloudy weather. When it is cloudy, if she exposes her body without protecting it with warm clothes, it is harmful and later leads toward arthritis, rheumatics. At present she has no problem. The pregnancy, the delivery is over but these little, little things have to be known. I know this is away from the main subject but know very well that when it is raining, if she gets slightly cold, a cough it will affect the child. If you were my sister I would say, "Be at home, this is not the weather in which you can expose yourself". You might not consider this as women's problems. You are concerned only with women's problems where it is menstruation, menopause, pregnancy and delivery. But the main thing is that a post-partum woman's body is not capable of adjusting to the outer atmosphere's sudden changes. It gets hot, it may get cold or become cloudy, it may rain. This affects the joints when the strength still has not come back. The calcium fall is there in the body. After delivery the child has taken some calcium. Medical science also says there is a fall of calcium level and it can affect the joints immediately. Plus this weather, which is cool and cloudy, further makes the joints tender. Because they become so tender at this stage, they don't have enough strength to support the whole body and hold it stable.

After pregnancy, in the post-natal period, the bones may not have the strength to support the body. This later causes the strength to lessen when the body is approaching 40, 45, 50 years of age. When approaching menopause it leads to arthritis. It leads towards mainly osteo-arthritis because the metabolism changes gradually. Every time there is a little exertion the calcium falls. When the calcium falls too much it leads toward osteoporosis. This is the way one has to connect; it is not just picking up some postures. You have to understand yourself. Why do you feel like resting? Why some days do you feel very strong? Why sometimes when you do the standing poses so correctly you feel from inside that you can stretch? You can feel your body lengthen. That means on that day calcium support was strong and you can do more. Why sometimes you just feel floppy in spite of putting in the effort.

We draw certain substances for our own living purposes. Sometimes we draw calcium phosphorous for brainwork. We draw from the brain chemicals so we can exert for 6 hours, 10 hours. That is why we say the brain is tired. I worked today. I had to write a lot, read a lot, study a lot, concentrate a lot; so I am tired. Don't you say that? Some chemicals are being drawn from the brain at that moment. All the time chemical changes will be happening in the body at different stages. All the time hormonal changes will be happening at different stages in the body. Knowing this, you are supposed to adjust. Knowing this, you can relate to what you are to do when you are having a problem. Why you stay in certain postures and do them for a certain period, at a certain time. If you use the programs in my book for after delivery, you will know that the postures are given by a gradual process to uplift the energy. You are still not fit to do everything if the energy which is inside is not coming up. To come to that stage of fitness you have to gradually uplift that energy. Because you are giving that energy to something else, like your baby's needs.

During menstruation certain things are thrown out from inside, like toxins, which should not be kept. Women are disturbed if they don't get a proper period, or a period is scanty, or if they miss a period. When you don't know the cause, you panic. It is our duty to see that such chemical changes are definitely occurring inside.

The body functions to digest food when food is taken. Time is needed to digest it. If you don't allow time to digest, digestion will be affected. The energy will be drawn for something else, for example, if after having food you suddenly have to rush. If you don't have that calm period to digest the food, you are incapable of digesting the food. Though it is not coming up, you feel a vomiting sensation. You feel acidic from inside or sometimes you have a burning sensation inside. Heat is created from inside because the organ pulls the heat to digest the food and unfortunately the energy was taken somewhere else for another purpose. This happens in our normal life, so it will also happen during menstruation and pregnancy. We take care of the child from the first day when we know of the pregnancy. A doctor says "Be careful. Do this, do that, don't do this, don't do that". You have to have that approach to your own body so its balance is maintained. Something visible, like pregnancy, you do the correct things. Something less visible you don't know to correct.

This programme will deal with two things: what people should do during menstruation and what to do when approaching menopause. Sequence will be as normal with the standing poses, forward bends etc. This is a vast programme. Some need to know about menstruation, some are approaching menopause or are already in the menopause. I will cover the asanas according to your requirements so all will benefit.

You know that for ladies fatigue and tiredness is a common thing, especially if they have rushed from work or from family responsibilities to a yoga class. Often during the periods a woman is heavy in the head, un-energetic, lethargic in the body or there is a mental lethargy where you question "Should I do or not do?" That is quite a different space. Then standing poses are helpful. Start your practice with Uttanasana when that kind of lethargy or feeling of laziness comes or when hot flushes are beginning. Begin with Adho Mukha Svanasana. It is for mental lethargy in anyone, not just specifically for ladies. It is for when you feel that you just don't want to do. That is why sometimes during the menstruation I don't straight away start with supine poses or forward bends. If they have enough strength to stand then Tadasana, Uttanasana, Adho Mukha Svanasana, Parsvottanasana, Prasarita Padottanasana can be done with no problem.

Uttanasana

Class doing

Legs spread one foot apart.

Toes facing forward.

Hold the arms at the elbows.

Exhale and go down.

Extend the sides of the trunk down.

Move the sides of the trunk so you release the trunk.

This is the normal distance - aligned from outer thigh to outer foot.

But if you find the inner thighs the inner groins don't get a full lift. Then adjust.

Stand up

Spread a little more apart and you find the opening coming. You find the freedom in the organic body. Understand you don't exert, but at the same time the inner thigh gets well opened. Remember the strain is less and you can work.

Especially for ladies watch carefully if the waistline goes into the body. The lumbar goes quickly into the body and the anal mouth is up but vaginal is down (wrong). You have to see the vaginal mouth will lift upward and the anal mouth will be brought down so that the pressure doesn't come on the frontal organs. That is why standing poses are avoided during menstruation. You may do incorrectly where the anal mouth goes up and the vaginal mouth comes down. The organic body comes down. The pressure and the gravitational force is more there. Learn, experience that.

Go to Uttanasana

With the feet wide.

Turn the toes a little inside.

Turn the thighs to the inside. Then the vaginal walls go inside.

This distance is meant so you find the freedom in the organic body.

The moment it turns inside you find the lift comes.

You can release the lower abdominal region; you can allow it to gravitate downwards.

Now another stretch you have to add.

The inner edges of the knees open.

Open the inner edges of the knees towards the inner groin and you find your lower trunk can still descend further down.

Understand how organically you adjust.

Often ladies complain about lower back pain - a kind of a tiredness and then pain during menstruation when the back is paining, aching. This is something that pricks from inside and that is different to having back stiffness or slipped-disc pain. In Uttanasana, when you spread your legs apart, the release is more. Do not pull the body or stretch the body, but the body ache will be lessened with an extension like this. You allow it to release; you have spread your legs so you can release your trunk downward. Whereas if you do an active Uttanasana with feet together or active Padangusthasana you stretch from the inside thighs to pull the organic body upwards to strengthen it. Understand the difference.

Now do what I say. Spread your legs. Do so things will be clear. The whole idea I am giving. I am not just giving a style of doing - but when to do - how to do.

Uttanasana - hold your ankles or any way you can do.

Hit out your inner thighs.

Release the sides of the trunk downwards.

As you stretch from the inner edge of the thigh find out how the back waistline can be released. The skin of the back trunk just has to fall or get dropped towards the head side. That means don't hit your abdomen straightaway, but release the back trunk more down. Release the back trunk more downward. Don't hit your abdomen to go to the final pose.

Now active Uttanasana - with feet together. This is an active pose to bring strength, as the previous one was a passive pose in order to relax.

It is for those who find sometimes the uterus coming out; getting dropped down or not enough strength in the walls of the uterus. These are different problems. It is even for cases where the development of fibroids or cysts is there but it is not yet irritating. This is how Uttanasana has to be taken. You have to activate from inner knee to the root of the thighs. Move the inner upper edges of the back thigh out. Extend out so the lower organs get sucked into the body. When you keep your legs together it is a sucking action.

Do full pose - with a brick between the thigh - to open the inner upper edges of the thighs. (Sirsasana is also done using a brick).

With a block between the legs you can lift the inner organic body.

It is an active pose to bring the strength.

Head down - hands down - go downwards.

Suck the inner edges of the thighs and the brick into the body - see how the organic body works. You strengthen, you activate the dull organic body inside. When you say the ovaries do not work that is how you have to suck. Suck and you will know how the ovaries work.

How the sides of the trunk work.

You have to keep the lower abdomen region, from pubic plate to the sides, completely spread.

When you suck that brick into the body, move it to the sides so you activate that area and at the same time keep the back in a relaxed state.

Back relaxed so it doesn't feel any kind of irritation.

Women's problems are complicated. It is not just a single problem. This pose with a brick between the thigh cannot be done during periods because you will be going against the flow. The flow will be downwards; you have to throw certain things out.

You will be sucking it upward (which is wrong). Understand the difference - in the active pose action it is sucked.

Understand the difference. If there is pain during the period then do resting at that time. When a woman has a scanty flow, or she has pain or ache which increases during the period but at other times it is fine, then this is the way to do for the three weeks before the periods. She has to activate. She has to do resting during that week when she is having her period.

During the periods you can do standing poses provided you don't suck. During the period, it is just like a small delivery so you can't have this kind of action. During the birth you don't ask the mother to hold (laughter), you say "Release". This is the releasing action when the legs are stretched. In general classes, when conducting strong work, the organic body is lifted and it does not collapse - this is not for women in menstruation period.

Uttanasana with hands on a horizontal brick on the floor in front of you.

Do not do active concave back holding toes or joining the feet during the periods. During the periods, the flow should not be obstructed.

Demonstration: *Do half Uttanasana to the horse or with the chair.*

Post-partum, after delivery, concave back forward extension to the backrest of a chair. Do with a concave back so you extend the back and you are not irritating your muscles. Do not make your muscles work too hard in post-partum. You are not supposed to make the muscles work strongly when the muscles want to rest. When you extend like that your body gets released. You throw the toxins from the muscles but you don't increase the lactic acid inside by overworking. The more you increase the lactic acid the more tired you will get.

Make the back concave according to your capacity and age so the muscular body is not squeezed - then lactic acid is not formed. So with concave Uttanasana with spread legs or joined legs you have to find out in which way you work.

The post delivery, the post-partum woman should extend her body without exerting herself. Simple words. She extends her body, but without exerting herself. If she uses exertion it can affect her milk processing glands. She is not supposed to exert if she wants to feed her baby for a long time. She should see that her energy doesn't go out. Don't just say eat well. If you are starving to keep your figure the child suffers because the child won't get the milk. Similarly, don't make your cells starve, don't bring the dryness.

Extending like that, take the inner thighs backward - extend the side trunk and the organic body gradually begins to come back to normal. They say the uterus comes back to normal within 24 hours, but it's not true. For example if I had a 102 degree fever and with medicine it came back to normal within 2 or 3 hours, does that mean when it came to normal I should do everything? That I can walk in the rain because the fever has come down? You know you have run out of energy. The same thing, the uterus comes back to normal but you should not run out of energy. So, protect yourself. The calcium that has fallen down makes the bones tender. Allow the tender bones to extend in such a manner that you don't exert yourself.

Demonstration: *The same pose a pregnant woman does without compression - feet spread well apart - hands kept on the chair seat so she aerates the area for the child to breathe more.*

She has to create space; she has to move the head of the femur bones back, move the floating ribs forward and elongate the trunk. The locking is there at the floating rib region. She has to create the space going forward so the baby gets more space. There should be no body contraction or shortening.

Demonstration: *The post-partum woman was locking at the inner upper thigh. If she contracts with the feet together and a concave back there is an irritation. I spread her legs sideways a little more; I asked her to extend and open the inner edges of the thighs out away - away.*

During the periods, if you do like that, the flow is not obstructed. There is no obstruction. Doctors say during the periods women can do anything. In the older days, women were asked to retire and there was a reason. Because you move and for a while the clots do not come out. You hold for a long time (obstructing) whether you are walking or standing. Then suddenly when you sit for a while you find the clots have come. You think that you are bleeding heavily. It is not that you are bleeding heavily, but it was held.

Uttanasana with the head rested

Do with head rested during pregnancy and periods if a woman gets high blood pressure. She can rest her head and at the same time space is created. In menstruation you can do the same thing. Headache people can do. If the blood pressure goes up for a woman during menstruation - it is a common thing to get heaviness in the head etc.

Question: After delivery how long?

Geeta: How long I won't say. It is up to the woman to find out her weakness, her work, her job, her feeling. So what does it matter - another 9 months. I can only say for the person who is in front of me. When I know how capable she is. For if you ask this post-partum woman now to do full Uttanasana she has no problem doing it but she will have a problem later. She does with joined feet, hands down. Is there a problem? No. But you should also know that oxygen is required for the breasts, the chest area, when she is feeding. It will be purified if she gets space there, to breathe properly.

Do Uttanasana with the concave back. Learn how to work by imitating others; imitate you are pregnant, imitate you are menstruating. With cysts or fibroids - toes turned inside, heels out - see the lightness in the abdomen. Join the big toes, heels apart for further lightness in the abdomen region.

Many of you don't follow the method, that after the 3, 4 or 5 days of your menstruation period, once the menstruation period is over, you are supposed to do inversion. You start with headstand, shoulder stand etc. I have mentioned this in my book, but how many have done that. Instead, many of you feel like doing backbends because for 5 - 6 days you have been doing forward bends so you want to do backbends. That is not the way. What you have silenced you are now irritating. Suppose you have just done a nice Savasana for half an hour. Then suddenly from

Savasana I say "Get up - come on - move all the chairs back" etc. How irritated you are. (Laughter) You don't want to bear the strain. Later you will say you don't mind, but at that time you do, you are irritated. The same thing after menstruation - what you have pacified for those 5 to 6 days you can't then suddenly irritate with strong movements. This irritation should not happen.

Uttanasana with the head rested on brick/bolsters etc.

See you remain calm and quiet. Suppose I had to do Adho Mukha Svanasana when the hot flushes are there. During menopause when you get hot flushes, you should not straight away irritate your muscular body. Straighten the legs, straighten the arms, whatever it maybe. Say I had to do Uttanasana when hot flushes are there. I should just be calm, but sometimes it is so hot it takes a half-hour to go back to normal. I cannot take any pull. The moment there is pull, my kidneys are trying to extend and the adrenals are irritated because they want quietness. Head is also irritated because I just want to go down. The pituitary and thyroid also suffer. Do this Uttanasana head rested first - one minute or two to calm down your temples - eyebrows - it automatically makes the pituitary go quiet. Then go for Adho Mukha Svanasana.

Adho Mukha Svanasana

Adho Mukha Svanasana - head resting on bolsters/brick/blanket/etc

This method is for people with high blood pressure, headache, women in period, pregnant women or menopausal women with hot flushes.

Without support you extend you arms, you extend your legs, and go down. If you activate the trapezius, the shoulder blades, the sides of the chest, for the head to go down, this makes hot flushes increase at that time. For ladies in periods if they force their head down, although they have the range and the level of elasticity, it affects them. There is a certain contraction of the muscles because there is a force running down to the head side. You have to remain in a restful state.

For a pregnant woman this is good. They may need extra height - so extend the arms out to the seat of the chair.

People suffering with high blood pressure should also support their head. They should not get tense but keep certain muscles free from contraction, free from compression. Those who have headaches get more migraine if they push. Rest so that the head remains calm. The pituitary is not irritated. The kidney extension so the adrenals do not get activated. This is the difference - stimulation but no irritation. You stimulate your adrenal, you stimulate your pituitary, but you don't irritate. You irritate when - you don't have enough mobility, you are stiff, or a beginner with hot flushes. Trained from a young age, a person can gradually go to the full extension and keep quiet and tranquil.

The thyroid should not get dried up from within.

The young have to have the dynamic movement. The organic body has to be activated in young women to train their bodies to get stronger. Strengthening is important.

Adho Mukha Svanasana - head resting on bolsters - class doing

The brick adjustment depends not on a person's elasticity but the support needed to keep the head in a calm and quiet state. Just imagine that you have headache or if you have a cold, sinus choking - when you keep the head resting down it makes you calm.

Prasarita Padottanasana

Demonstration: *with two chairs. Spread legs apart - lie abdomen along the seat of the chair - go inside the arms of the backrest and through to the second chair.*

During menstruation or with hot flushes just rest. Don't do anything. Rest your arms so the organic body rests down. Rest during the period if there is pain, dysmenorrhoea or over-flow. Just be calm. You can do with the props - adjust according to your requirement so you don't strain. Don't bend knees and don't strain. Rest the head and arms. When you are not very tired do to one chair and extend. If young you can do with hands on the floor, concave back.

Use a brick etc for support - when menopause hot flushes are there, the head has to rest calmly so you don't get flushes, don't strain.

When you use the brick, head down, what is the strain apart from the stretch in the legs? What is the strain apart from the stretch? Differentiate what is the strain and stretch. When you really stretch, is it stretch or is it giving strain because of your problem? When the classical pose has to be done then definitely you have to stretch and I would not be concerned with the strain. Stretch is required whenever your body is lazy. With problems, go down, stretch, but don't strain. Without straining - open the inner edges of the thigh. Open but don't strain.

If there is arthritis of the knee, if the ankles are going crooked, spine is going crooked - the structural body is going crooked. When the structural body is going wrong the organic also can go wrong. Its function can go wrong if somewhere there is compression. Guruji has discovered how to do asanas for different diseases. You can demand, "Teach us a class for asthmatics - menopause class - for menstruation." - because Guruji has done the research. In spite of the stretch in Prasarita Padottanasana, there is a kind of coolness, some kind of feeling where the blood pressure doesn't go up. How to lessen that strain further so that a person can do quietly.

Prasarita Padottanasana using both chairs with the abdomen rested - this is good for those who have ulcers. Do full Prasarita Padottanasana for those who feel acidity - because it cools down the abdomen. The active posture gives certain relief. Active pose done a little bit passively will benefit people who are reluctant to do. They can do passively. Now you can say you have acidity please do like this. You are tired please do like this. Now it is a quick solution for you - but it was not a quick solution for Guruji, he had to do all the thinking.

Prasarita Padottanasana - concave back - hands on the floor.

Find out during the menstruation what happens. What kind of contraction comes during the pregnancy? In spite of being concave you are not creating the space

between the pelvic and floating ribs. A pregnant woman needs the space. How much lift you need to make the space. How much you lifted up on your fingers to make the back more concave. Immediately when the back curvature is going wrong take the hands on the bricks and open. Then the chest is also opened - there is freedom.

Prasarita Padottanasana - hands on 2 bricks -

What happens to the lower abdominal organs? What extension comes? If the brick is too much forward and you are an asthmatic patient - your chest is getting compressed. Bring the bricks slightly back, concave back and see if the chest opens or doesn't open in spite of the space there. Relief comes because the chest is open and the abdomen is still pacified. Open the back to open the side chest.

Now head up - lift - concave back - head down on the floor - now you know hot flushes increase. When the ear and the sides of the neck are jammed the hot flush increases. There should be freedom on the sides of the neck. With muscular effort, when neuro-muscular body is activated, you get hot flushes. The hormones are released immediately to face that sudden inside reaction.

Prasarita Padottanasana - head on a brick -

The hormonal release is less, there is calmness. The feeling is that you are safe. When you are not safe the hormonal release is sudden.

Demonstration: A person with short legs and a long torso could not rest the back because the torso is long and the legs are short. With feet apart have a *brick under each foot*, to create space and made the back to rest further. Here she can rest with head on a blanket. Guruji knows when you compress in certain areas heat gets created. When you don't compress certain areas heat doesn't get created, coolness comes more.

Uttanasana - standing on the edge of the stage or on the chairs.

Keep your head down - it hangs. It's an enjoyable pose. Standing high and release the hands further downward. Extend the sides of trunk - palms facing each other - lengthen outer arms down to the outer palms. Release the sides of the trunk, the peripheral region there. Lengthen the trunk. For hot flushes, palms are facing each other. But those having menstruation they can keep the palms stretching forward and can extend the side of the trunk, which releases the back.

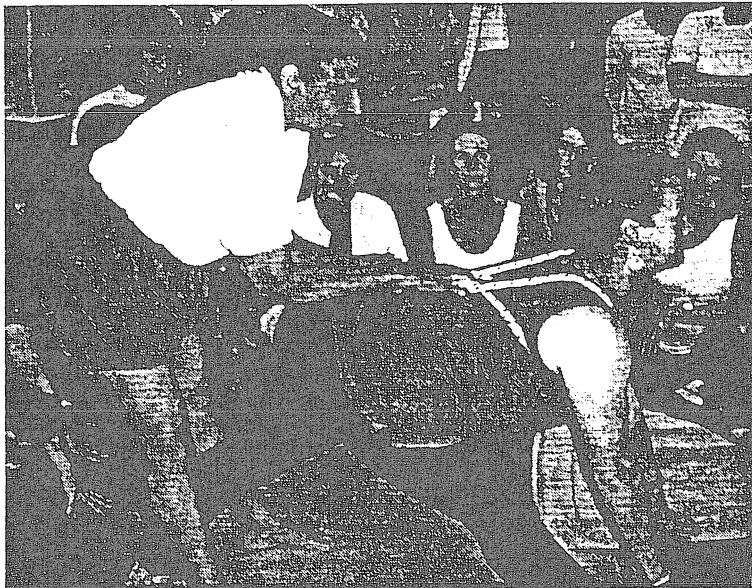
When you turn the palms to face each other what happens to the eardrum? How the sides of the neck, eardrums work. See how a little, little difference now releases. How the sides of the neck area, the eardrums, work. The palms facing each other. Now extend the trunk. Now come up. Can you understand the difference now?

Parsvottanasana - with a brick - concave back - right leg forward, left back.

Pregnant woman - hold backrest of the chair. Move right outer thigh back and elongate the sides forward - move the chair forward so you elongate the side ribs - so you don't feel compression - more oxygen is required to reach there. You extend the trunk and you find the relief comes.

For women in period they should have more space in the inner legs. Extend back with a widened action with the subtle movement of the inner thigh. Head upward, chest open.

Demonstration: Move the upper back back, otherwise hot flushes increase. This is connected with hot flushes. This student had the same problem in Ustrasana. *Rope harness* was placed and pulled so the upper back moved back, so the hot flushes will decrease.



Demonstration on the same student - Parsvottanasana with the chin resting on the top of the horse, hands over the top - concave back and resting.

You can improvise, use something like a stool or table so you can rest.

This is for a stiff neck problem.

Stiffness comes everywhere after the menopause. Not that you get osteoporosis, but when you stretch it is stiff.

This also decreased the hot flushes as well as giving the freedom.

Know this is how you avoid osteoarthritis - the bones inside haven't sufficient strength that is why they go for calcium. At the age of 45 or 50 they suggest you take calcium. Stiffness increases in the body and you use your bones more, otherwise you cannot walk or stand. Nothing you can do. But when all the joints move freely you find that you are adding calcium there and it is strengthened. It is delicate process of strengthening. As it is a delicate process of strengthening you cannot have a hard process of strengthening yourself.

After doing for a half minute or one minute and you feel that life is coming back you can definitely go to your final pose. What you normally do - hands down, head down. But you have to judge when you have hot flushes and when the bones feel very stiff. Not only the bones but the muscles also become hard. The juice from the muscles is completely taken off - it is dry. So make the muscles juicy a bit. That is not old age but that is the fact of aging. No one wants to disclose the age. You may not disclose your age but the muscles tell you what your age is.

Parsvottanasana left leg back and right leg forward. It is for you to study, to work. This is the difference of distance. What do you feel in the abdomen if you spread your legs a little more apart - spread 2 inches forward 2 inches back? What happens in the trunk? Osteoporosis people cannot bring the legs at once closer. You give that space for the bone to elongate; otherwise it goes crooked there. The bones go crooked there. Stretching the leg, move the head of the femur bone into the socket. Now see the adjustment that comes on to your back. How it is leveled. This is what you have to work. You cannot keep sagging your body. Right outer thigh going into the socket with rotation. The left inner thigh moving back - move it back and see what happens to your pelvic - it gets the correct placement.

Utthita Trikonasana

Utthita Trikonasana - vertical brick by the right foot

Spread apart your legs.

Take your right hand down to the vertical brick.

Left arm up straight.

As you don't have a problem going down, the brick is an obstacle.

But with pregnancy, if you take your hand down on to the floor the right abdominal region is compression. Should a woman bear that? A pregnant woman should not compress that region, but at the same time it has to turn to create space for the child to rotate.

Do - being in a healthy state.

Take the right hand lower.

Bring the right inner edge of the thigh to the front. It gives the space.

The right inner groin moves to the front.

Revolve the left pelvic upwards to the ceiling.

The back trunk skin descends down to the ground.

Posterior skin of the trunk descends to the ground.

Don't you get more opening of the pelvic now?

A woman during menstruation is not supposed to exhaust herself.

She gets fatigue or she has menorrhagia and gets over-flow.

A pregnant woman cannot use her strength to rotate.

Hand on the brick - initiate that action, create space.

In the pregnancy, know the technique - never allow the left frontal thigh to come forward - it should not pump forward.

Hit the left frontal thigh to the back thigh and what happened to your pelvic socket?

It holds inside - it holds inside with compactness.

If you push forward - it projects like an abscess.

Push back the frontal thigh to back thigh and the pelvic opens.

You have more space with the hand up on a brick.

Left frontal thigh back.

Same technique - the original pose is not changing. I am giving you the points, not just conducting a general class. In a general class I may start with vertical brick and then go to the horizontal brick without explanations.

Suppose if right side trunk is not extending - the head of the child on the right side - it makes her feel heavy - take the hand a little forward - brick forward - open the right side of trunk - underside space coming.

Now for the osteoporosis.

Left frontal thigh back - open the chest.

The root of the thigh - length of the thigh increasing but there is no compression.

When you take your hand down to the floor you find the length of the right leg is decreasing but when you are strong enough - no problems.

Pressure on the right inner heel and innersole.

Come on the inner edge of the foot.

Come on inside of foot and lengthen the leg to get the action.

With a very weak osteoporosis patient - take the hand on the brick - move groin forward.

Get the extension from the heel to the root of the thigh.

What if you find the stretch is not reaching in spite of using the brick?

You stretch from heel to knee or heel to middle thigh but from the middle thigh to the groin it does not reach. It is stuck.

Put the brick vertical.

Lift the middle thigh exactly to the centre groin. Get the lift there.

Question: Geeta, will the baby change positions? Like to the other side?

Geeta: Yes, we do this way when there is any complaint. Especially a complaint when the groin is paining "I can't walk. I can't stand."

Demonstration: On a pregnant woman whose abdominal muscles are dropping on the child.

She (the pregnant woman) is exercising herself but the baby is not getting the real exercise that it wants. It wants to move inside.

Adjustment - Right hand on vertical brick. Left hand on the backrest of chair.



Lift the chest and see how the abdomen rotates to get the freedom.
Right head of the femur bone into the body and rotate there.
When she rotates the left hip - she gets the space.
When she lifted the abdomen it is not actually lifting the abdomen - she lifted the right side groin higher upward.
She is dull there - so using a support you have to find out what you can do.
She can do against the wall so space is created.

Demonstration: - *With the back kept to the wall.*

This way is for the back, spine lengthening or if very tired. Here she gets support; can be restful and do whatever she can manage a half minute or so.

Touch the left side to the wall - roll.

If she complains of backache - go against the wall.

If dull or not feeling the movement - then against the wall facing out - holding onto the chair in front of her - to turn so that the movement comes.

Men also can improve in the same manner.

For stiffness, the groins not opening, bringing the knee forward - all these things.

It is also a kind of arthritis. Some cannot bend the leg properly in Parsvakonasana.

When asked to turn the knee out and move the root of the thigh forward they cannot.

That means they are also stuck somewhere. The stiffness there has to effect the organic body somewhere inside.

For pelvic rigidity - hot flushes - Uttitha Trikonasana, Uttitha Parsvakonasana, Virabhadrasana II and Ardha Chandrasana are the main postures that help. Not Parivrtta Trikonasana. With any compression of the abdomen heat increases. With twisting heat increases.

Question: Do you do twists for fibroids?

Geeta: No. Twisting is more effective for the back and the digestive system. But when bleeding is more, for menorrhagia or metrorrhagia sometimes sudden in between bleeding, you have to avoid these things except Bharadvajasana it is a little less strenuous and Marichyasana. You must be very careful. You have to see the person whether there is compression or no compression - when turning.

When menstruating, one can do Trikonasana, Parsva Konasana, Virabhadrasana II and Ardha Chandrasana, especially ladies suffering dysmenorrhoea. They need more pelvic opening. With dysmenorrhoea, everything is hardening on them. The more they sit and are quiet - it is painful. They find Tadasana with joined feet very hard but if they spread the feet it is better. Dysmenorrhoea is mainly a muscular thing. In period it creates aches in the muscles that is why it is painful because it contracts and can't release. Spreading, widening all these things help them. These are the postures which widen the pelvic. Not Parivrtta Trikonasana - it won't widen the pelvic, nor Parivrtta Parsvakonasana. Parivrtta Ardha Chandrasana to some extent yes, if supported with a prop - foot on stool - holding something to get the space. But in Parivrtta Trikonasana or Parivrtta Parsvakonasana you don't get space. It is more contraction. It is good for intestines; it is good for digestion. To get rid of acidity - those two postures help you.

Supta Padangusthasana I - *with a belt*

Know that osteoporosis first affects the pelvic joint, though it goes anywhere - shoulders etc. Basically it is in the legs because the calcium drop first begins there. Sometimes this is indicated when you can't even turn your foot. You can't turn to the maximum because this calcium will immediately obstruct you there.

Do Supta Padangusthasana and Utthita Padangusthasana first to keep the pelvic joint free. Then you can go to the armpit extension for osteoporosis in the shoulder - arms sideways extension, Parvatasana. Because we stand all the time on the legs and we are less on the arms the calcium fall is more in the legs.

During the menopause, a woman should keep the leg at 90°. The head of the femur bone should be fixed into the socket. The joint is safe. No tilting to the spine. Do this way with problems or with no problems. It keeps the cellular body in position, especially as the calcium fall comes more on the outer femur bone than the inner femur bone. Suppleness does not count. The organic strength counts. Moving the raised leg is good for the young to get mobility. But if you do, you open the back of the thigh, at what cost? The final pose is not given unless the correct positioning is there. Details are given to do correctly.

The outer thigh coming inside (not creating space) is how men do when they are stiff. It is wrong. The organic body gets affected. Organic does not get affected at that moment, but later it does. Space has to be created from the pelvic bone to the head of the femur bone so it lengthens.

Adjustments are given so things don't go wrong.

A rope or strap around the head of the leg - it is pulled back to create the space.

Even in this very simple pose of holding the leg 90°, this is not a simple instruction. Adjust. You have to learn to create space.

The cellular body you can easily disturb. The cellular body getting vitiated. In Ayurveda they say doshas are getting disturbed. Some of the Ayurvedic doctors also say if you do too many asanas it will increase the vata in the body. Too much mobility, too much motion, will increase the vata in the body. They are right. We have to see that the vata is not getting too vitiated because it is mainly the place of the vata. [Ref. Yoga and Ayurveda by Geeta Iyengar - *The legs are ruled by the tamoguna, rich in the element of earth and come within the area dominated by Vata*] Why osteoporosis comes in the legs is because it is the area of the vata - wind. Wind doesn't tear the bone - like a strong wind won't tear the building. But you won't know when the building will come down. You say my building is strong, but with forceful air it can break.

Demonstration: *Student had a sort of dent, lack of fat, in the outer pelvic region of the raised leg - an unhealthy look.*

What is lacking is circulation. *Geeta first used a bolster, then a rolled up blanket. It was pulled into that area.* See now the life how it comes. Student said "My abdomen is softening". See the outer pelvic region turned inside and space is there. This is nothing to do with the structure of the body. To pull the leg back that is one thing but I give some padding and pull then it comes better. That means some space has to be created there. We can't jam it. If space is less and something is jamming inside we have to create that space. It is the same action, the technique did not change.

When you do an intensive course in India, sometimes in one class you only do Utthita and Supta Padangusthasana. People say that we are very slow, we are not telling - but how can we go fast? An Australian group asked "Teach us the Pattabhi Jois way - go fast - do one after the other". To do 50 or 60 asanas is much easier - I do not have to work. I do not have to work with my brain at all - I just say the name of the asana. I can do this and, not only that, I will sequence them in a better way. (Laughter). And without injuring anyone. (More laughter). That's most important, understand?

Supta Padangusthasana II

For osteoporosis - leg up first - then later take the leg out to the side - so the fixation comes better. For menstruation - the right leg out to the side is better so they get the pelvic broadening. When having periods take the leg straight away to the side. Then they are free from that inner tension, no congestion inside.

For osteoporosis - the front leg position first. The sequential position is up straight first then to the side. You position your anatomical body in the correct position then go to the side. Right leg to the side for menstruation so the pelvic broadens.

With osteoporosis the sequence is - leg up straight first, elongate - then broaden the pelvic. Don't pull that foot too strongly with the belt. If you pull the foot the force on the foot is so strong the pelvic gets jammed. You use your strength on the belt - you pull but you don't work on the root of the thigh. When holding of the belt, don't have a strong pressure but rather hook it and have a strong pressure on the root of the thigh so the root of the thigh comes back more. If you pull the foot forward it is not going to help.

Supta Padangusthasana II - right leg to the side - hold the belt with the right hand.

Right leg 90° - first create that space - measure that space.

Move the head of the right femur bone - back.

Now take it to the side.

Groin to groin - pelvic to pelvic - it opens.

Right side of the leg when it goes to the right side has to rotate.

Right outer femur bone back.

Right outer leg which is facing the ground has to be taken back.

Get the same action again as in Supta Padangusthasana 1.

Compare the action that is a real inner sequence - the sequential effect from within.

Right leg to the side - clear the space from the armpit to the root of the thigh.

It will jam if you are going wrong.

The leg does not shorten your sides to the pelvic - it opens your pelvic.

Keep the left thigh downward.

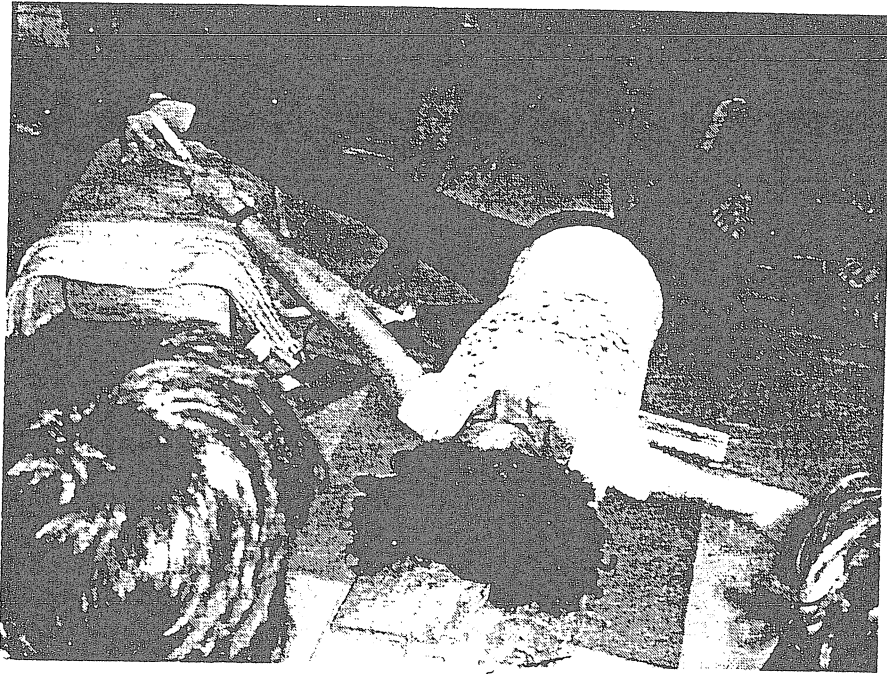
The left leg remains fixed more to the ground.

Fix the left leg and move the right leg - feel the pelvic broadening.

Demonstration: (Same student who had a sort of dent in Supta Padangusthasana 1)

Geeta placed a slanted plank - narrow edge facing in - along the right side of the torso. This acted as a wedge to allow the broadening of the pelvic - support allowed the lengthening to come and the right pelvic opened.

Demonstration: Pregnant woman arranged herself - 2 bolsters vertical to support her back. Geeta took this support out and replaced it with a blanket under her head and a slanting plank - horizontal across the floating ribs region - narrow edge facing the waist. Firstly the extend right foot was out to a Viparita Karani box which was then replaced with a bolster.



Move the right floating ribs to the right.

She is twisting there, going to the side.

Right upper arm pump upwards so space is created on that side.

With the support - the abdomen is separate from the dorsal thoracic region.

She opens the chest.

Geeta explained that the pregnant woman had supported herself with the bolsters because she was feeling breathless, but it was not opening the chest. The chest was not opening. It has to be open. Use a rolled blanket if you want something soft - this was placed horizontally across the floating rib region. Because she is thin take another rolled blanket and place it vertically along the spine to adjust the back chest, the dorsal region, so space comes - the side she is blocking the diaphragm is coming down. Fix the arm. The pectoral girdle is controlling her pelvic girdle. I push the right arm so she gets space. It is clear there.

Upavistha Konasana

Spread the legs.

Sit in front of one another.

One person is doing and the other one helping.

There is not enough wall space.

Don't make it a partner business - it is just for the sake of making you understand.

It is the root of the thigh which normally doesn't get opened - so open the groins.

You must extend the groins.

Women helping women, gents helping gents generally, but here of course it is women only.

We ask out of compassion to help each other.

Helper moves their foot to the doer's ankle so she can broaden.

Doer's hands on helper's shoulders - hold there to extend the sides of the trunk.

For *osteoporosis* - do this way so you can extend the legs for 5 minutes - learn to sit quietly - learn to sit and broaden.

For *pain during menstruation* - support the doer's inner middle thigh with your feet.

Back against the wall, against a stand.

If no wall have a second helper who will stand behind and support the back and pushes so the chest opens.

If no second helper, take a belt. Put the belt around mid dorsal thoracic.

Open the dorsal - hold - support - push - so she gets elongation on the inner leg.

Activise that particular area.

Widen her legs at first slowly - watching - ask - find out whether it is okay - or if they want a little more.

The doer has to go back - helper has to pull the belt - the doer resists - roll back.



Demonstration: Student's dorsal thoracic was going further forward of the pelvic. In this case the belt was required at the sacrum region.
The middle dorsal comes easily.
She doesn't need middle dorsal action she needs the lower back action.
Put a *vertical brick* against the lower back - pull the belt - head back.
The brick should not be tilted - no over-rolling of that area - remember that technique.
Connect that technique - sit back to the brick - don't lift.
The technique didn't change. Technique is same - find out where to adjust - the exact part.

Forward Bends

When the young girls do forward bends - Janu Sirsasana, Triang Mukha Eka Pada, Ardha Baddha Padma Paschimottanasana, it doesn't bother them much. Their menstruation is a more natural process. As the aging process begins this natural process begins to show whatever defect there is. If young girls do all the forward bends with their abdomen soft it won't harm them.

So for example in **Marichyasana I**.

Bend your right leg in - take the right hand from inside - forward bend.

When you are just going down the right side abdomen has got a sort of grip there.

You go to the pose and it grips - you extend your trunk - there is a further strong grip in the right abdominal region.

So use a *blanket or bolster* for head to rest.

When you rest your forehead on the blanket you can do Savasana on the lower right side back.

The head is one fulcrum - right buttock is another fulcrum - move right side abdomen down.

With the blanket removed - you go down and you go back in that abdominal region.

When the head goes down with force - you are hitting the abdomen back.

With blanket you can lengthen and go down - no problem.

That is why during the periods use a blanket.

If you keep the head slightly level you are releasing the abdomen.

During the periods you can't exert.

If the final posture has to be taught keeping the head down then explain. Say "Move this - release that" so the pose changes. So the back goes down and space is there - no contraction. Explain everything to follow technique. If I explain you don't contract - move - lengthen first - turn the abdomen in and take the hand around. But the basic tendency is to just hold and you contract.

Janu Sirsasana

Janu Sirsasana - *Rolled blanket for abdomen - 1 blanket (or brick) for head to rest on.*

Don't turn - hold the foot - extend the sides of the trunk.

Release the right side of the trunk to go forward.

Extend more to go forward - abdomen soft.

The blanket has to go into the abdomen - or bolster - or extra rolling or double up - or 2/3 blankets whatever you need there.

Demonstration: Not going down is stiffness - stiffness is different.
First remove stiffness.
With stiffness put a weight on the lifted side of the upper back so it is quiet.
That is the regular work for you to do - see that the stiffness is removed.

Demonstration: *Pregnant woman sitting on a support - hands on halasana box.*
Lift the back.
Sometimes compression comes - sit closer to box or chair - lift higher.
Bring the bottom sternum bone, chest higher upward - chest upward.

Paschimottanasana:

Both legs straight - head on blanket - abdominal blanket support.

Same as you learnt in Uttanasana - spread you legs one foot apart - put the brick horizontal between the heels - holding the brick between the heel - abdominal blanket support - hold the feet and go down.
Relax the abdomen.
Learn to make the abdomen soft.

Spread your legs wider out - outer heel to the edge of the mat.
Go down - put the brick/blanket for the forehead to rest - whatever you need.

Demonstration: *Pregnant woman - facing a chair - widen the legs.*
Lift the chest - create freedom at the bottom thoracic.
That is the main problem with women when they are pregnant.
The bottom thoracic should be free there.

Another student: I have pressure on the fibroids. Is it okay to feel some pressure on the fibroids?

Geeta: It is not the pressure. It is the blanket you will feel - the blood circulation - it is not the pressure. Sit higher - sit on the buttock bones.

Student: I can't breathe.

Geeta: You can't breath when the fat is there.

Demonstration: The portion at the top of the abdominal region is the area that is coming over - but it should not come over. You come forward and you push it.

This method is not meant for all.

Use a brick - it is not a mechanical way of doing - push (slant) the brick into the top abdominal region.

The top abdominal region has to go back - it should not be pushed forward.
But at the same time the chest has to come forward.

Normally you hit the top abdomen towards the thoracic - this causes the breathlessness.

You are to hold that top abdomen back and bottom abdomen should come forward.
Now head down. The release should be there.

When you go down without the brick there is a slight grip at the top abdomen.
Come up - lift the rib - move the ribs forward - holding the feet.

Rib forward but not abdomen.

Move the bottom dorsal, bottom frontal ribs forward.

Ribs forward and know what space you have between the abdomen and the thoracic.

You felt a little bit of clenching - that clenching has to be taken off.

Use the brick.

Move the top abdomen back and thoracic forward.

Now you know what thoracic freedom is.

Though the brick slightly hurts your body you don't move the abdominal fat region.

We all have the abdominal fat - everyone - even the thin bulge a bit there.

Let it stay down and thoracic will come along with the diaphragm.

Or take a *vertical bolster into the abdomen* to stop over extension.

To separate the thoracic and keep the abdominal in its place.

Rest on the bolster.

It requires sensitivity. Sensitivity is hard to get.

You can't fight with your abdomen.

Back bends are limited during menstruation to *Vajrasana* Dandasana with support, *Setu Bandha* with support. The forward bends you are supposed to do. Supine postures you are supposed to do.

Supta Baddha Konasana

One belt around feet and buttocks - vertical bolster.

Single belt - put it to the lower waist.

You know you should never go to the upper waist.

Adjust the belt exactly.

If the buttocks get caught up because the belt lifted it, pulling you up, your abdomen will be pulled down and out like a pregnant woman.

Press - leave the belt down on lower buttocks then the lower abdomen is slightly upward.

For men their pelvic girdles are small, compact pelvic girdle.

With this compactness they are stiff and if the belt is put too low it can slip off.

Hold the belt to the top region first to prevent the belt sliding down.

For women the pelvic girdles are broad so put the belt down and go back.

After lying the place is the same so this is why you have to differentiate.

Tighten the belt.

Watch your pelvic region when you are on your back.

The belt that is going behind you is actually lifting your outer thigh up.

This position doesn't help much a person who has a very bad pain.

Two belts - one for the right leg - one for the left leg.

When tightened each belt - the tab end should be pulled towards you.

The buckle should not be on the thigh.

Belt - right at the ankle and the root of the thigh.

Ankle and the root of the thigh nearer - joint to joint - remain closer.

Open wide the knees and find out what happened to your groin.

Demonstration: *Student with stiff knee and fibroids.*

Student: I have 7 fibroids.

Geeta: I hope you don't do backbends when you have your period.

Lying inside and being pulled into the trestler - horizontal brick between the feet - toes turned back. One rope doubled behind each knee and pulled easing out to the side. One belt around lower buttocks and pulled toward her leg side.

Understand where the groins have to open.
Stretch to open out to the side.

Second adjustment away from trestler with one rope at each knee and at head of the thigh.

When adjusted - the top of the thigh opens out and the bottom of the thigh at the knee moves out. She is quiet. The thigh is sober. If I let the ropes loose the thigh is aggressive.

How much the thigh has to be rolled.

The inner groin is always neglected.

Do one minute tied and stretched then one minute quiet - so the blood circulates. Follow the method that has been given so you won't get fibroids or cysts. How do I know your way of life? You know what kind of stress you have. What worries you have. How do I know that? Everyone has their own worries. Everyone has their own problems. If you walk when you have your periods what is the sense in that? You say "Today I can't do asanas so I will just walk 5kms, 10kms". It makes no sense. You are exerting the area more. You have to see you relax and quieten it.

Demonstration: *Student who is stiff - two belts - one for each leg. One doubled rope - around head of each leg - the rope is pulled back to the torso side.*

This stiffness has to be removed first. Groins are stiff. Everywhere is stiff.

With one medicine - both will be cured.

She stays in the pose.

I'm not pulling anything. She is afraid. Her body doesn't open much - I won't press - I move the rope so space is given.

She can go a little more - I keep her leg in its place and open her groin.

For Parsvakonasana and Virabhadrasana her knees need this extension. That internal action is required.



Question: How to practice - Post hysterectomy with an occasional hot flush?

Geeta: Hysterectomy at a young age - 35 or 40 years of age. That is not the time for menopause. Menopause is at the age of 45 or 50 years. That is when a natural menopause would occur. Hysterectomy after the age of 50, then they may not do forward bends particularly. When they experience discomfort, hot flushes always coming, then they may stick to the program for forward bends, resting supine postures etc. They can do headstand, shoulderstand since there is no period. Still it should be done calmly. Niralamba Sarvangasana is good for hot flushes, resting Niralamba. Do not stop inverted postures. If headstand bothers stick to the forward bends, Sarvangasana, half Halasana, Setu Bandha, Viparita Karani. When the hot flushes are decreasing then go and do Sirsasana. When hot flushes are already there and suddenly you perspire then don't do head balance straight away. Suppose you have just finished standing poses and are waiting to do Sirsasana. If suddenly the flush comes it is not the time to go to head balance. After the hot flush has calmed down do the resting poses like supine poses and forward bends. Supine sometimes doesn't help at all with the hot flush. When you go on your back and the hot flush increases then sitting is better. Sit in Baddha Konasana with wall support, legs supported. Sit upright in Upavistha Konasana. When the hot flush subsides go for supine and then inverted.

Question: Do you stay in Sirsasana if the hot flush comes during headstand?

Geeta: It is a question of courage. If unbearable, it is better to come down. In the headstand, at a certain phase, the flush comes. When that phase subsides you can then prolong your stay. But if you already have stayed for a long time - 8 minutes and then the hot flush comes - it is better to come down. If it comes in the very beginning, the moment you put the head down, you have to be calm as you are going up. Do Sirsasana in Baddha or Upavistha Konasana.

Question: Do you stay in Sarvangasana if the hot flush comes?

Geeta: Do Sarvangasana in Baddha or Upavistha Konasana and half Halasana. It means the organic body is getting irritated. You have to quieten it, then go to the pose. If the hot flush comes before going into the posture then wait and do other postures and then go to the inversion. Do Niralamba. Baddha Konasana and Upavistha Konasana in Sarvangasana are good. Doing Niralamba first is like a medicine. It is like certain tablets you have to take irrespective of whether your blood pressure goes up or not. A doctor says, better you stick to this one tablet every day. Do Niralamba for 5 minutes.

Question: Hot flushes that come and go in a few minutes?

Geeta: Hot flushes do not remain, but they fluctuate. You begin to feel hot gradually. It reaches a peak where you feel very, very hot from within. You perspire, you are restless. Your mind is restless. You don't even receive when someone is saying something to you. It goes to the peak when you are completely perspiring and after that it stops. It comes down and suddenly you think it is the winter of Australia. Suddenly it becomes cold.

Question: There must be someone here today who is having hot flushes. Can they explain?

Student: It just pours off you. Just pours for no reason. You are just talking to someone and it is just pouring.

Geeta: The sweating is the peak of the hot flush. There is a beginning, which nobody understands. For example having a cup of tea or a cup of coffee the hot flush increases. It comes and by the time it goes it takes 10 to 15 minutes to bring the body to the quiet state.

We must think long-term when we are no longer here. How will the next generation pick up these specific things? The next generation will prove all these things. This is not all our responsibility. We have to know what is right. And whatever we know should not get lost. This generation, which is the direct generation of learning, if it doesn't learn correctly, then the next generation will suffer. They will do something wrong. They will say that is not true. We have to think in those terms and have an Association here and have an Association in America.

It has to be known. It has to be felt. If I had just given the poses - do this pose - do that pose - you don't know. I am giving you knowledge to understand. It cannot be taken like writing in a book. It is live knowledge, which asks something - what you are doing.

Let me tell you that 20 years back people started to write in newsletters and magazines. They wrote everything that Guruji had taught, what Geeta and Prashant had taught in the intensive course as if it was their research work, without mentioning Guruji's name. They had learnt Adho Mukha Svanasana and Uttanasana in different styles and wrote as if it was their research work and not Guruji's work. But still Guruji gives so if people want to learn they can learn. For example Virabhadrasana I - standing - with root of the thigh resting on a chair. This was created when one student could not bend her thigh. Guruji at that instant, at that moment created that method to allow the bending. One can do it this way during pregnancy or during periods, at the time when making a square of the leg is a strenuous job. During menstruation one can do Virabhadrasana by resting the thigh on the chair or a box. Rest there for a minute - do nothing, but still it opens the groin and pain is lessened.

Question: A woman 40 years of age who has had breast cancer. She is going through an early menopause because of the chemotherapy. Do we treat her the same way?

Geeta: No. With chemotherapy, a slight change will be there. Find out what kind of constitution she has. Supine poses and forward bends will help. But still it is a different question because it is not the hot flush it is the chemotherapy heat which is bothering her. Then for her all the resting poses. The other day I showed with the double chair etc these kinds of things to cool down her system. The whole system is becoming hot with chemotherapy. Find out in which forward bend she rests and in which back arches she finds restful. Her cellular body should not get compressed anywhere. Chemotherapy heat is quite different. You have to see in which way the cellular body acts.

Question: Her standing poses would be with a brick?

Geeta: No. Not unless I know and see the person. But I won't say they should do standing poses straight away

Question: The effects of chemotherapy could stay for some time?

Geeta: It stays not for some time. It stays. It's not a simple thing. It is not an ordinary disease. You have to know exactly. You have to see the constitution.

Question: A woman is pregnant and she has the pubic synthesis closed so the more the baby grows the more the two bones of the pubis come together and she has a lot of compression there. What would she do?

Geeta: Lots of openings. What is happening to her pubic plate is that it is coming down closer together. What month is she?

Student: She is very thin and the two bones come together. She is in her 6th month and the baby is getting heavy.

Geeta: You have to open. From the 7th month you concentrate more on opening. For the 7th, 8th and 9th month - all openings. In early pregnancy, at that time one is not bothered about the pubic plate because it is likely to get softened and to open in advanced pregnancy. But if the doctor particularly says it is a problem at 6 months, that it is a first pregnancy and pubic plate was not broadening enough, I would work then in the 6th month.

Student: In which pose?

Geeta: Supta Padangustasana you saw with the slanting plank to outer thigh. Sometimes you have to give a small support to the centre sacrum. Do with ropes to open the inner groin. Keep the foot also turning out because the pelvic is short, the pubic bones grip. It has to open.

Questions and Answers

Q: It's reasonably common for women to have pre-cancerous that is, abnormal cervical cells. Have you any comment regarding the indications or contra-indications for this condition?

Geeta: Would you say it's common in Australia to have cervical cancer? Is breast cancer common in Australia? Everywhere, everything is common, but is it very common here? Do you find?

Group: Yes cervical and breast cancer too.

Geeta: That is why I said very common, everywhere perhaps. Breast cancer in Australia and in Canada, there are a lot of people having breast cancer. That means the circulation is not happening. You have warm clothes. The warm clothes keep you warm on the outside, but inside nothing is happening. You are not creating the warmth from inside.

What do you mean by indications and contra-indications? I just want to know that. Then I can answer.

Student: I was trying to phrase it in a general way, even though I know I have to work in a specific individual way. I'm happy if you would tell me individually what I need to do.

Geeta: Whether a cervical or uterus wall problem these problems don't arise just like that. The point is that most of the time you don't follow the program structure of what has to be done during menstruation or after menstruation. When you are all right you don't pay attention to the particular things that have to be done, but only when the problem comes.

During menstruation you have to work more on the forward bends, Baddha Konasana, Supta Baddha Konasana, Upavistha Konasana. These are very important. After the period is over work more on the inverted postures.

I will tell you, Indian style, the Indian way of following a certain program, for example after delivery. After delivery the uterus is still in a delicate state. The allopathic way is just to see whether the size has come back to normal; uterus has gone to its place, whether bleeding has stopped, that means normal. But Indians or Auveyda do not take the same approach to bringing it to normal. Size comes back within 24 hours, there is no doubt about it, but there is a wetness.

Secondly for all those nine months the child was held in the uterus, it was protected. A mother holds the child inside. So what a strain for the uterus. A strain with the placenta, the blood flow and particularly the hormones etc, when uterus walls are delicate. So how can it come back to normal straightaway?

Uterus has to come back to normal. We have to see to that. We also give time for the delicate uterus to be brought back to its original strength. That means after the delivery one has to take care. For example, if I were to carry a shoulder bag; not a very heavy bag but I am carrying it all the time. Although it is not very heavy, it affects the shoulder. When I am free from carrying, I know how much the shoulder muscles were holding the bag. These things are not thought over in western

countries. We do that.

When sometimes it is cold, the fingers, the wrists, knuckles etc are getting very cold so you apply something or you just want to warm up by the heater. You put on the heater so the blood begins to circulate; this is also done to the uterus. The uterus is dried up with external fire. We have a certain treatment. The uterus is warmed up from the bottom with a fire so that if there is any kind of infection they can find out. After delivery one has to take care.

Geeta to student: May I know if you are married? *Student:* No.

If a person takes tablets the question arises - what kind of tablets are you taking to regularize your menstruation or to get rid of your dysmenorrhoea? Another thing is during menstruation what kind of precautions you take. That is also important. I mean some women think that it is okay to do everything even if they are menstruating but do they see whether the skin is kept soft? Do they think in that careful way?

Any woman can feel. I do not need to explain that to climb up a hill when menstruating is a kind of strain. Apart from your abdominal region you don't know how skin gets rubbed, where it gets tightened etc. Ordinary things like walking or climbing are not big things but still they bother. When it is bothering, is it not our duty to take care? We have to see that we maintain the balance within and do not disturb the hormonal balance.

The programs that are given are very much connected with the hormonal balance - during the menstruation, before the menstruation to remove the pre-menstrual tension and post-menstrual recovery. The problem comes because some function does not occur properly, the cellular body is bothered and that is why we get these kinds of problems. So follow a regular program, correct those with menstrual problems before menstruation and after menstruation. Do variations in Sirsasana and Sarvangasana Baddha Konasana, Upavistha Konasana, Eka Pada Sirsasana and Parsva Eka Pada Sirsasana.

The pregnant woman in one of the classes did all the standing poses but when it came to Sirsasana, Sarvangasana, she never wanted to do. Is this keeping of the proper hormonal balance, tell me? You have to have courage to do Sirsasana.

For example, when doing Baddha Konasana, Upavistha Konasana there is an area which doesn't open properly. In spite of spreading the legs, the small area between the thigh and the groin area doesn't open properly. You may do Baddha Konasana, you may do Supta Baddha Konasana, but if that portion is not properly extending, widening, you are going to get this kind of problem. You have to bring the circulation there. For example in Supta Baddha Konasana; I showed you the difference between using one belt for both legs and one belt for each leg.

Baddha Konasana is done during menstruation but also after the period is over to stop the irritation or burning sensation. To some ladies it is a sort of irritation with a feeling of scratching; some people feel it is as though it is pricking inside. So, it is our duty to take care of all these things.

Sirsasana and Sarvangasana should be done with a brick between the thighs if the organic body is not going inside. The anal mouth remains up, vaginal region should

be slightly below that. If you pump the vaginal region up above the anal mouth obviously, you are tensing the organs to go upward. Using the brick you can move the organic body and extend the legs separately and then circulation occurs.

When the instructions in Sirsasana are given - turn the base of the femur bone into the body - turn the base of the thighs inside - Tadasana - the outer thighs roll in - outer femur bone inside - you can move the organic body and extend the legs separately. There the separation occurs.

Demonstration: In Tadasana with brick between the upper thighs. Brick horizontal - parallel to floor. A belt around the thighs and the middle of the brick.



See her pelvic. View from the side, watch her buttock. Can you see the projection?

Instructions: Move the tailbone down and lift your pubic plate upward. See the change happening there just in Tadasana. Now move your inner knees back, set your inner knees back, shinbones still backward, back of the legs well opened. She stretches her legs. Now keeping the shinbones back, move the tailbone area downward and the pubic plate higher upward - extend - now see the extension she gets.

Demonstration: Head balance against the wall - with brick between the upper thighs and a belt around the middle of the brick and thighs (as in Tadasana). A second brick was held between the wall and sacrum.

Raise your chest upward; raise your chest upward.

Raise yourself upward; push it (lower sacrum) in.

Turn the thighs inside, put all your effort in the matter to turn in, turn in.

Now see how action comes.

Now here there is a little bit of feeling.

That has to be pushed inside. It's correct and even if the neck and shoulder pains I will say all right, let me do three minutes like that. The next three minutes I will do on the ropes. Six minutes let me do minimum. If you don't do that she will do Sirsasana but she will not work there.



Demonstration: *Urdhva Dhanurasana* - with brick between the upper thighs and a belt around the middle of the brick (as in *Tadasana*) - sacrum on a T-bar.

Then using the T-bar - go back (move so the tailbone is supported).

Still go back, push. Can you see that? (pelvic region opens)

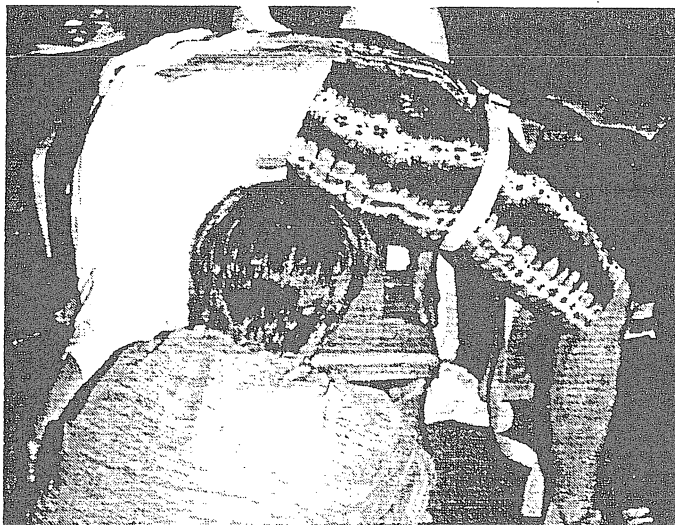
You have to face the pain. There is no other way to go.

You don't feel these things so I bring a healthy feeling there.

See how the feeling has to come there.

The blood circulation, you don't even allow the blood to circulate there; it is cold, the area is cold. So how many cells might be dying there without the blood circulation and how many might be affected.

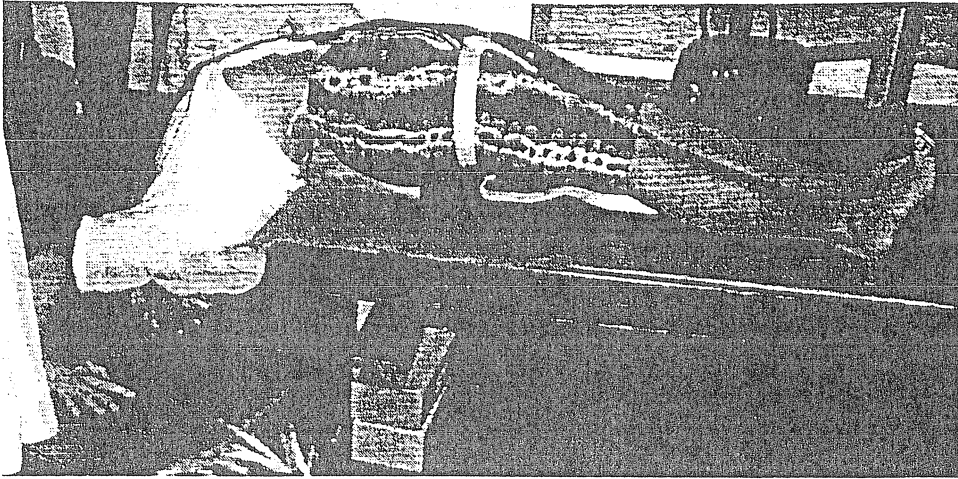
It is for everyone, whether you have a problem or you haven't got a problem. You have to work in that manner. There is no other way. Sometimes you have to choose an edge, like bed corners, so that you move that pelvic region.



Demonstration: Dwi Pada Viparita Dandasana from a platform to the floor - with brick between the upper thighs and a belt around the middle of the brick (as above) - sacrum on a brick - legs straight.

Sacrum up - still higher, still higher, now legs straight.

Add one more brick, bend your knees, keep your hands down on the floor. You are a practitioner, you are not a beginner, stretch now, and one has to work like that.



Demonstration: Supported Trikonasana

The trestler (horse) will be in the Institute, but at home simply use the support of a table, stool, sofa or whatever you have and hold on to a thing like a window edge or anything available for your hand support.

First adjustment with a rope around the pelvis at the head of the right leg.

Do Trikonasana 5 times just to get the stretch of the leg.

Left thigh back, back to the trestler.

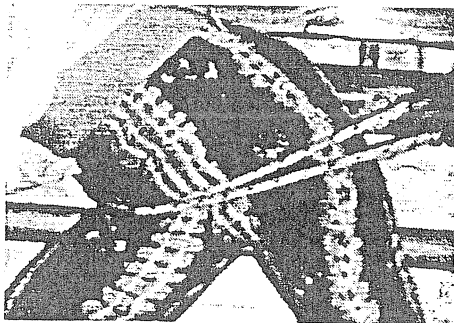
Right head of the femur bone, root of the thigh, into the socket.

Move the root of the thigh and the abdomen adjusts.

The right thigh has to move upward.

The left thigh rotates.

Left rather than upward, turns - it rotates. It should not get dropped.



Second adjustment with a rope around the head of the left leg and pulled to the left.
You understand what kind of opening is coming.

These are the regular techniques. These are nothing special.

Third adjustment with the rope around the head of the right leg and pulled from the front forward - towards the inner leg - the left thigh moves backwards.

The tailbone has to go into the body; you have to move the sacrum into the body.

So I hold tightly - you move back. That means her leg, shape, everything is changing. That means she has to work there a lot.

Standing poses give this kind of freedom.

Do Utthita Trikonasana, Utthita Parsvakonasana, Ardha Chandrasana, then the backbends improve. That is basic knowledge. You cannot straight away do backbends. Learn proper standing poses then switch over to the backbends. But if I say "Do Urdhva Dhanurasana with the brick" and she starts with that program, it is not going to help her because the pelvic area is going wrong. At least one hour she has to give to standing poses, to improve that area so some circulation occurs.

Demonstration: *Supported Ardha Chandrasana*

Are you happy with the Ardha Chandrasana she does? That's how you are all doing.

Adjustment with a rope doubled around the right head of the leg and pulled forward as the left hip was held and moved backward.

You don't want to work hard. If the body pains, if it is too painful you don't want to do. If we want you to do a little more you say it's strong. How much it has to be moved to get the extension. All this rotation, this turning, you have to work strongly so you penetrate in that area. If the blood circulation improves, the problem won't arise. When it is there already you have to do a lot of Baddha Konasana, Upavistha Konasana.

Q: Could Geeta please clarify what precautions should be taken when teaching abdominal asanas to women and why these precautions should be taken.

Student: It has to do with my family. My step-daughter does abdominal exercises even when she is menstruating. My sister teaches aerobics and she also does.

Geeta: They are absolutely wrong. Ladies were doing abdominal exercises even when they were practising yoga and clots after clots used to come out. Not knowing why, they thought they were throwing it out. I said "No abdominal exercises"; the clots stopped coming out. It just became a normal flow. There is a strain again on the cervical region when the clots are coming out. The tenderness of the skin is disturbed. That is one thing.

When you are feeling from inside that you have to rest, why don't you rest? At least there are a few hours where you feel - let me be just quiet; let me just sit. You can't exert yourself. Everyone feels like that. So, why not follow nature's request. As you have to answer nature's call is it not nature's request that you be quiet for a while?

While extending the arms over the head and moving the legs up and down, there is

a contraction on the abdomen. During menstruation, when moving the legs up and down the abdomen hardens while coming down. While coming up there is a contraction, the abdomen is pulled upward, gets puffed and you have to push it down in order to bring the leg down. That means all the time you are exercising there organically. All the time contracting, extending, contracting and extending. During menstruation it will certainly not help. Your flooding will be more.

During menstruation waist pain, backache and dysmenorrhoea are common. You may not suffer with dysmenorrhoea but still get some body pains and aches. So when it is already there you should not irritate that area.

Now suppose one is not in period and wants to do abdominals. If there is a show of any kind of white discharge there is a bothering inside. When in period and there is an indication like too much heavy bleeding, that means already it is bothering inside. It will not help to go up and down with the legs. It is common sense to understand these things.

So even if it has to be done regularly it is not just up and down. In my book I have mentioned don't do abdominal exercises unless you have done proper standing poses; unless you have done some inversions like Sarvangasana, Halasana. Standing poses and forward bends prepare for the abdominal exercises and inversions counter balance any strain. If any pressure came, if you pressed yourself down doing abdominals, then with the inverted postures you at least bring it back to its place. This is common sense.

If somebody is not following our method then explain that if you have to do abdominals, such as legs up and down 90 degrees, do standing poses and forward bends so you have enough strength. Then do inversions so you can remove the strain that comes; counter balancing so that you don't injure yourself.

When someone argues with you; then you have to know why this method. Then it comes to the cancer question again. Why has this cancer come? Why are there so many people with cancer if everything is absolutely okay with aerobics? Why should there be so many patients with cancer? That means cancer is a different department; exercise is a different department.

Q: Post hysterectomy with ovaries still intact and functioning - should one still maintain a menstrual practice each month? (Ovulation still occurring, no menstruation.)

Geeta: That means a hysterectomy but not a total hysterectomy; menstruation is not occurring but ovulation is occurring. The feeling is still there inside. Heaviness and sometimes water retention will be there. They have to do forward bends but obviously they need not stop there. Inverted postures are okay because there is no reverse flow of the blood. On the contrary, it will help to maintain the hormonal balance when it is a forced menopause on the system. Headstand, shoulderstand they can definitely do. But since ovulation is still felt do forward bends, supine postures like Baddha Konasana, Upavistha Konasana etc, and it helps.

I think it is clear she can do Sirsasana and Sarvangasana. Inverted postures are allowed. The program for the menstrual cycle also she should follow on those days, particularly when fatigue will be there. Water retention could be there though actual pain is not. It is a forced menopause so she does that.

Q: I have read different advice around whether inversions should be continued (if comfortable) until the end of pregnancy. Some state that this puts the placenta below the baby (decreasing the oxygen supply) others that encourages breech delivery. What would you advise?
(The student was not present to receive Geeta's advise personally.)

Geeta: You know it's a general question, "I have read different advice", that means she is not keen about Iyengar Yoga. Yes, tell her absolutely, you can write to her "You are not a devoted pupil to Guruji". Guruji has never stopped headbalance or any inversions during pregnancy.

When there is a particular problem that's a different matter. If the placenta is slightly out, then immediately we give Sirsasana, Sarvangasana. Sometimes it can help. Otherwise, it becomes a medical problem. This is not caused by doing Sirsasana, Sarvangasana

In advanced pregnancy it is better to do against the wall. Rope Sirsasana is a bit hard but some do courageously. It's not only Sirsasana. They can do Sarvangasana during the pregnancy. It's not that one has to stop Sirsasana. In fact, women feel more comfortable with Sirsasana. The first inversion they stop is Halasana, then Half-halasana (or a little higher). They do a wide Halasana as it progresses towards advanced pregnancy until the time comes when there is pressure and the spine doesn't support the baby. After stopping Halasana then Sarvangasana bothers.

Next in Sarvangasana they get stuck in spite of the legs resting against the wall. They can't lift up, the heaviness is spread, the abdomen shows its heaviness that is when they have to stop Sarvangasana. Yet, they continue with Sirsasana, Setu Bandha Sarvangasana, and Viparita Karani or even Viparita Dandasana on the bench with support.

With Viparita Dandasana on the bench if the feet are down, the legs are downward, then the heaviness is going downward and it pulls. So, keep the legs on a higher box. The legs are slightly above the level of the buttocks. For pregnant women we don't want the embryo to come down. There is time for delivery! The feet are kept upward so they keep the correct shape to hold the child inside.

In advanced pregnancy because they become heavy, the pelvic becomes broadened, the thighs widened a bit and they feel the bulk of heaviness in the pelvic region. In Viparita Dandasana, the buttocks on both sides have to be well supported for the baby to be held inside. Form a kind of basin so the child is still in that basin-shaped pelvic region.

Later they get affected in Setu Bandha Sarvangasana, because the legs are extended and they can't bear the weight. They enjoy doing with the legs bent in Baddha Konasana or legs supported on the box in Half Viparita Karani.

They can continue Sirsasana, Viparita Dandasana and Viparita Karani. Stop Viparita Dandasana when the pelvic region becomes a bit heavier because the child has come down and putting weight on the lower sacrum and tailbone. When the lower sacrum and tailbone get affected, they can't do backbends because the tailbone is so delicate at that time; they can't bear the weight. Stop Viparita Dandasana, but continue with Sirsasana and Viparita Karani. When you expect a

woman may go to hospital at any time this is when they may find Sirsasana difficult but Viparita Karani easier. And yet, there are women who do right up to the last. I told them "Today you are doing Sirsasana, tomorrow perhaps you won't come to the Institute you will be in hospital". If it is not possible, then at least do Half Viparita Karani and Setu Bandha Sarvangasana on the bench. Simple things so the circulation improves, they feel fresh and they have confidence. There is no problem at all.

Q: It says in your book, in the section on natural delivery, that after completion of three months from the birth, the mother may resume practice of all asanas. Should the practice change in any way for women breast-feeding their babies, as long as or longer than two years?

Geeta: When I say all asanas I am particularly talking about the asanas that have been explained in my book. The programs that have been given in my book are okay. If I was to speak about Guruji's book, he has given so many asanas. If somebody was doing balances (Bakasana, Mayurasana, Hamsasana), these things are not good. Almost all the asanas which I have given in my book they can follow without any problem. It doesn't hamper any breast-feeding or production of milk.

Now when I say start with everything that means you can regularize your practice. If you are still feeling weak, if you are feeling dehydrated, your energy hasn't come back - then you can't exert yourself. They can't exert themselves. If it is too hot or if it is raining, they have to protect themselves. This is just common sense. But otherwise they can do standing poses, they can do forward bends, they can do twistings and the backbends I have shown in my book (Urdhva Dhanurasana, Viparita Dandasana). On the contrary, it will help to have pure breast milk.

After three months or so they start eating every kind of food. It doesn't mean then that milk is all the time pure. You have no diet restriction after delivery, in India they do. Food should be of the kind which should not create any problems for the child. It is a question of food more than the practice of asanas. Cold foods like cheese which is kept in the fridge or butter, these are not suitable for a mother at that time. Ice cream, for example, if she eats that then the child may suffer from cold and cough. But as far as asanas are concerned it is fine what I have written in my book.

Even the abdominal exercises they can do when they have enough strength and no menstrual problems, no heavy bleeding. But if the periods haven't come back to normal or if they are postponed don't exert with the abdominal exercises. After the delivery there are a few who don't get their period for five months, six months, as long as they are breast feeding. Some ladies have their period immediately after a month or two months. It depends on their constitution. My advice is that they should not do abdominal exercises if they are feeding and not having their period regularly. That means on one side the hormones pull towards the function of organic body for menstruation and on the other side the hormones pull towards the production side; to breast-feed the child. If you are doing any up and down abdominal exercises then you are exerting yourself and that harms the breast-feeding.

Q: Fertility problems due to a blockage in one ovary. Failure to fall pregnant. Please give a sequence of practice.

Geeta: Do Baddha Konasana, Upavistha Konasana. Fallopian tube or ovary

blockage could happen to anyone if it is not well open.

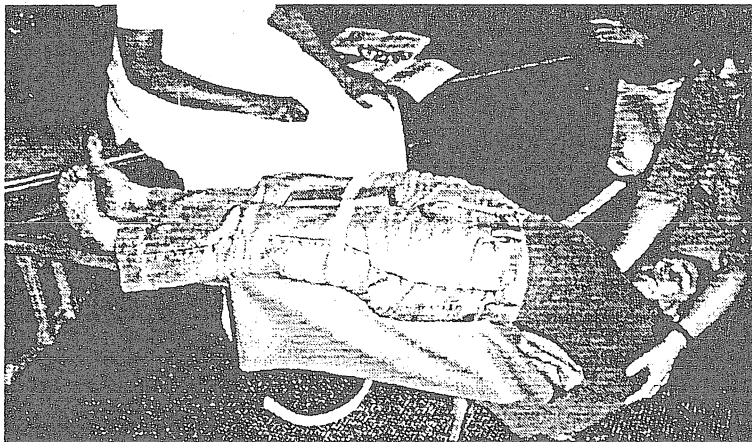
Do not over-do backbending. Too much backbending is not very good. You have to have control. People are doing 100, 108 Urdhva Dhanurasana. You may do but this will affect women because you do physically. You are not thinking on a physiological level if the posture is correct or not.

When Guruji performs, let us say, 100 or 108 backbends there is no difference between the first Viparita Chakrasana and the last Viparita Chakrasana. There is no difference between his first Urdhva Dhanurasana and last Urdhva Dhanurasana. That means he hasn't done it mindlessly. People just want to do. They just want to finish. They don't know what is collapsing, what is getting raised upwards, what is ascending, what is expanding. They haven't thought space-wise whether freedom has been given.

Guruji is Guruji and you will find only one person in the century like that, whether you agree or disagree. I am not saying this because he is my father. Many of you might be just feeling that he is an ordinary man and true he is just like an ordinary man as far as the other things are concerned but he's the only one to have a full courage to do certain things. But if all think that yes, yes, they can do like Mr. Iyengar, it is wrong. No one has that clear knowledge.

Demonstration: *Parsva Sarvangasana on the turned Setu Bandha bench. A brick long-ways between the upper thighs. A belt around the thighs and the middle of the brick.*

The classical Parsva Sarvangasana, using the hand for support, is not possible to hold for too long. People who are not accustomed to the posture can do simply on the bench - turn the bench, stay about 8 minutes.



It is like Parsva Sarvangasana, where you get the extension. If the right side is blocked then move the foot end of the bench to the left so the right side gets opened. On both sides you have to do with even timing. Suppose you have less time to practise, then work on the bad side. Do a little more there so it gets the extension. Whatever it is, 5 minutes.

This is done even during the pregnancy. Doctors sometimes say "I think you are going for a caesarian" especially in advanced pregnancy when the baby is not moving; it's static, the head hasn't come down into position, it's up. If the baby is caught, head is caught. Then in this position you have to touch and find out where the head is. If it is caught to the right then position the bench to the left so the space is created. It helps to a great extent. It depends on how skillfully you can handle the mother and finding out what has to be lifted, which side has to be supported.

Further Question: Should you do different timings, twice, or just one time on the right, one on the left?

Geeta: It depends. Sometimes if the energy is there, if they feel that some movement is coming, we do. It depends again it is the energy of the person. How can I say, "Stay still a little longer", especially the advanced pregnancy period. So it depends absolutely on the energy.

Q: What would be the necessary consideration within yoga for secondary lymphoedema in the forearm/hand 2½ years after removal of armpit lymph glands due to partial mastectomy?

The woman is 43 years of age. She's a long-term yoga student. She had intensive radiotherapy through the side so had quite a lot of adhesion. They keep on encouraging her, the traditional medicos, to elevate the arm to increase the drainage of the lymph gland.

Geeta: Does she do full arm balance, dog pose, forearm balance? Does she do full arm balance with the hands turned out to the side?

Answer: Yes all of those.

Geeta: When she stands and raises her hand up it will be a reverse process of circulation. Do full arm balance. Do Tadasana, extending the arms upward. Then same way in full arm balance so no problem. It has to be reversed that way. It is not always that the hands are going down the blood is going down. The blood is going down for circulation. The moment you come up it is reversed.

How much is it swollen now?

Answer: It was grossly swollen but the swelling in the forearms subsided.

Geeta: She can do Urdhva Mukha Svanasana, with the hands on a raised platform or on the brick. She can do Parsvottanasana, hands back in namaste. Gomukhasana is good for her to do - she can use a column for fixing and adjusting the elbows. All this will help her.

Further Question: Is this also okay if the breast has been removed?

It takes a little time because after chemotherapy they feel the stiffness. It takes time for the adjustments. For example stretching the arms sideways along the top of the horse; stretching the arms straight back behind to the top of the horse; arms hooked over the top of the horse with the hands holding underneath, opening the chest. These have to be done slowly.

Do inverted for better circulation. She can do Sirsasana and Sarvangasana.

Headstand in the rope if she can't manage from the floor. It sometimes takes time to get the lift in the arms. If it is coming, then you can use weights and rods. Weights on the forearm for grounding the arm and two rods lifting the shoulders.

Q: How would a teacher approach students who are victims of assault (sexual and otherwise)?

1. In a (regular) class situation.
2. In a group where they are brought together to be more in touch with their bodies.

I've been asked to start a program for people who have suffered psychological or sexual assault, or just been assaulted, so they're very damaged in lots of ways.

Geeta: For nerves that have been shattered in that manner, supine postures are good. Backbendings are good for them; courageously they have to do. Inverted postures are good for them so they build up the courage from inside and they get the nerve strength.

You have to see that their energy is not dissipated. Dissipation should be checked first. Mainly when they do standing poses or too many jumpings or abdominal exercises then their energy is shattered further. If the nerves are shattered abdominal exercises are even harder. The contraction of the thighs they find very hard. Immediately it brings back the memory. It is a fear complex. It brings back the memory of what they have faced. So, you have to see that you relax them. You quieten them. So do Upavistha Konasana, Baddha Konasana, Supta Baddha Konasana, Supta Padangusthasana, Sirsasana, Sarvangasana and forward bends like Janu Sirsasana, Paschimottanasana.

Back arches like Viparita Dandasana, Urdhva Dhanurasana, open their chest more. See that the fire comes in the chest region. They open the sternum bone. They open their eyes. "Open the eyes" I say and immediately I find they are changing. The eyes open. Opening - that is how to build up the courage. But you, as teachers, have to connect the courage and the way they are doing the asanas. If the chest is sinking they won't understand your explanations; you have to link very fast to bring that courage. So if the pose is also correct they are building up the courage.

Q: I seek help from Geeta regarding my practice of Sirsasana and Sarvangasana.

Re Sirsasana: Pressure in the jaw and face - neck and chest go very red. Subsequent jaw pain on left side.

Re Sarvangasana: Back of cervical spine is hard in Sarvangasana and vertebrae are often out of place afterwards resulting in sore, stiff neck with muscle spasm on left.

Do Sirsasana with the shoulders lifted by two rods and weight on the arms.

Geeta adjusted student in the upright position, holding the bottom of the ear / jaw area. Instructing the student to - open the jaw, bring the tongue out many times until the jaw gets set, set properly. It has to get stability, get set, otherwise it turns and then it is quite possible to get locked.

The problem is not particular to Sirsasana, headbalance. You have not bothered to see in standing poses, in twistings what you do with your neck, shoulders, or trapezius. The concern in Sirsasana is more because in Sirsasana the trapezius can get dropped; it can pain or you can get cramps in your arms as you are holding. One hand may get cramps or have no circulation or you feel that you can't bear the weight. Then you say in Sirsasana my neck pains, my shoulder pains, I can't lift my shoulders up or something happened to my cervical. This you only relate to Sirsasana and you are not relating it to any other postures. You don't think of it when doing other postures. You are unable to differentiate. You are only concerned when the problem comes during Sirsasana. At least think now when you are doing the other postures how to work the problem area. The jaw is a mouth action. You may do Padmasana but this will not cure you but Urdhva Mukha Svanasana can.

Demonstration: *Urdhva Mukha Svanasana with hands on the edge of the platform.* Head up - legs straight - open your armpit chest - look back and open the mouth - tongue out. Eyes looking up, tongue completely out for how long it takes (5 seconds.) Sternum bone upward.



Geeta held the bottom of the ear, the jaw area where it gets caught.

Now, open the mouth, tongue - the jaw area is coming to one side. Open your mouth, now close and see which way the jaw moves. Touch - if you keep on touching you will know. While closing you have to move the jaw in where it was coming out. This is the important clue.

Demonstration: *Bharadvajasana - sitting on a platform - bolster crossways between wall and student supporting the student's upper torso and side face*

If the length of the support bolster is less adjust a blanket to temple region. First turn was with the right side of face to bolster.

Geeta adjusted - turned the chin around slightly to the left. Then she held and pressed the area at the bottom of the left ear / jaw area. It wants to go back - move it slightly down and forward.



Change sides, going to the other end of platform.

On the second side the turning was less - so turn the chest.

Geeta held the student's head against the bolster and turned the left shoulder back.

With full support to the left side of the face Geeta used her fingers to hook the bottom of the left ear / jaw area and moved it in.

Because one side is not as free as the other side do free side first so movement comes. Do three or four times.

Demonstration: Cervical traction - one top rope with the knot at the back of the neck. Toes up the wall - body curved back.



At the Institute we have a big ring so we can attach 2 or 3 ropes at a time. If you can only attach one rope then also use a napkin (a pleated blanket was folded over the rope). The neck has to be fully supported especially as her neck is quite long it has to be fully supported. With the neck fully supported she has to work. Extend, and curve the neck. Mouth open.

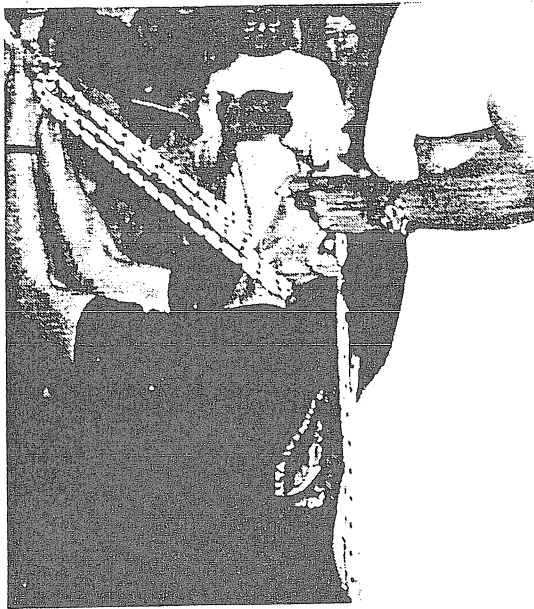


It is not a problem of Sirsasana; it is a problem in other postures where it doesn't bother because it doesn't work. Can you differentiate this? It doesn't bother as long as it doesn't work. It bothers when you work it and because of this you allow that area to get stiff. This should not be allowed.

Demonstration: Cervical traction - one top rope with another rope looped double through the top rope with the knot at the back of the neck. Geeta adjusted

Hold the top rope and just sit, bend the knees and sit.
Get the traction.

Geeta further adjusted with another rope hooked under the student's chin.

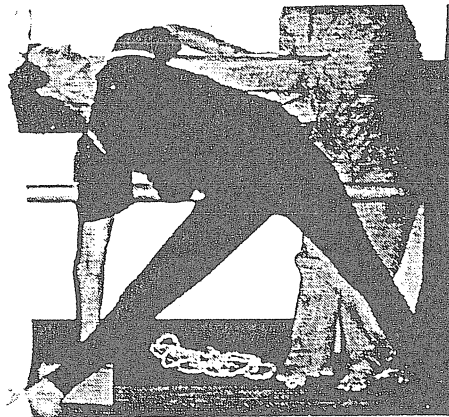


Lengthening and then curving back to feel the extension.

That is how it has to come when backward extension is required as it is shortening there.

Demonstration: *Standing pose with rope harness and trestler posterior support.*

To make the rope harness: One top rope is placed at the back of the neck and in front of the arms. The rope hanging down at the back is then looped through the portion at the back of the neck. This is pulled down to form a harness at the back.



Trikonasana at the trestler to be able to turn. Side of face against the trestler; the top arm hooked over the trestler and that hand holding the trestler. The bottom hand on a brick as the shoulder should turn. If the hand goes fully down the shoulder cannot turn.

Geeta adjusted the head and neck – as the harness was pulled back towards the buttocks. All has to turn (jaw, neck, and the forehead).

Demonstration: *Sirsasana on folded sticky mat with the head on a pleated shawl pleated into four and was folded again to increase the height. Shoulders lifted by two rods supported against the platform. An assistant held the student's legs.*



Doing supported Sirsasana every time using the boxes won't solve your problem because the problem remains there.

Open your mouth, now close, and that's how it has to be. Four minutes every day work like this. Do three preparations - the rope neck curvature, twistings and all standing poses to improve.

Q: Should the mouth be opened or closed?

Geeta: It was open. It should remain open.

Feed back from student: I can feel my jaw and lot of heat, thank you.

Geeta: I see by your eyes, how the blood circulation has improved there. Don't you see that she is pale? All the time she is pale. That is how the practice should be so the circulation has to occur.

Demonstration: another way of rolling the jaw.

Lie down on the platform. (You can do this on your bed.)

Place the hands down on the floor, palms like Urdhva Dhanurasana.

Bend your knees; walk in with your feet.

Just lift the buttocks upwards.

Take the crown of head down to the bolster on the floor.

Keeping the head down, raise the buttocks upward, roll forward, come forward, roll on your forehead, press the nose, then go back and rest.

Again, go onto the nose, roll - roll - go!

Geeta adjusted rolling her chin further.

This is not to do actual backbending; it is for forward coming, now go back.



Demonstration: *Urdhva Dhanurasana* to the wall, bricks lengthways against the wall.

She has to lie down with hands on bricks (against the wall).

Crown of head on pleated / folded blanket.

Viparita Dandasana to get the arch.

It is Urdhva Dhanurasana in Viparita Dandasana because you have not inter-locked the fingers.

Remain with the head down. Do Viparita Dandasana but like Urdhva Dhanurasana. Roll on the forehead.

Go on the nose and rest there.

Exhale go - exhale push.

Again, roll, rolling forward. Like an ink-blotting paper roller. Do you remember in olden days the ink-blotting paper roller to blot the ink? Do like that.

Now, the hands down on floor and go for intensive action.

Keep your head down and now push. Go! Go!

Buttocks, sacrum rolling.

In this neck case, I am not concerned now with her pelvic, buttock etc. This would be of concern in a student with a pelvic problem where the pelvic was not open. It is good. Instead of restricting the movement, one should be courageous to get more movement there. You need courage to do.

Demonstration: - as above with hands, head, but emphasis on lifting the pelvic region up higher.

Walk in with the feet, push; move.

So some action, some movement has come - and now keep the hands down.

Do it more. Now see the opening, what has come.

From that Urdhva Dhanurasana see the circulation.

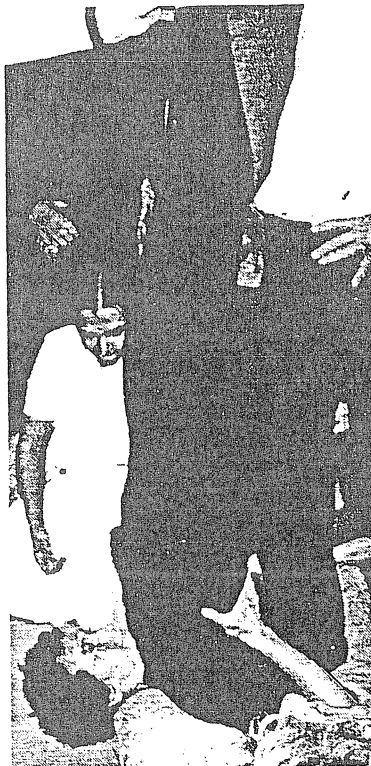
Demonstration: *Niralamba Sarvangasana* - head close to wall - feet to wall. Shoulders supported on crossways bolster and blanket.

A blanket adjusted under the back of the head - so she gets the traction. You can sometimes support using a bandage or a rope.

The bottom skull bone and the top neck region I want to open this region, it has to come out. Also, for sinus problems it has to come out. Then the cheekbones go down, the forehead goes forward and this is good for sinus problems. This takes the lower jaw down, back of the eyes, sides of the neck down. Forehead to chest - bottom of the ears down - root of the nose, tip of the nose down. This you can also do when on the chair.

Demonstration: *Sarvangasana* in the center of the room (so all can see).

Crossways bolster with blanket under shoulders - another bolster under elbows - rope under neck. Legs held by assistant.



Supported, otherwise I could have taken on the floor. You may say that if you have her raised like this why not have her on one plane, but this is to keep her breathing soft and shoulders have been extended. The problem is with curvature of the neck. Now I lift her up from the bottom of the skull and adjust with a rolled bandage under base of skull, top neck. This is to breathe freely. If on the floor it would get compressed. With the bolster it is lifted.

So sternum has come up and there is no problem with the breathing.

The chest is up and the chin is down.

The shoulders and neck are free.

You can do with the feet against the wall. You can be 2,3 inches away from the wall on a bolster. You can be on the chair. From the chair you can do in the usual manner, you fix your shoulders and adjust properly the bolster. Whatever you have to do you finalize there. Then you keep your feet against the wall and lift the back of the head with a bandage. If the bandage doesn't go, what to do? I put a belt around the top of the head and to the feet. You can loosen it, tighten it, as you want to for the traction. According to your height, you can pull the belt if you want to take the head upward so the other area can descend downward. Do against the wall so it is safe.

Another example is to do at the wall with the toes hooked on the wall ring or to a belt attached to the wall ring. The belt adjusted to the correct height so the feet can hook on that. You can hook yourself upward and the bandage or blanket can go behind the head. Another way to do, in Guruji's language, Sarvangasana with 3 half and 2 half. Three, half-rolled blankets and two half-rolled blankets for support. He just says Sarvangasana with 3 half and 2 half.

If it is bad condition the sinuses do not open. First do Uttanasana, Adho Mukha Svanasana, full arm balance, forearm balance then go to Sirsasana. With a very bad sinus condition when they just don't open then you have to have a rope hanging Sirsasana. People who lack security, who have high blood pressure or tension, they cannot do full hanging. They can do rope hanging Sirsasana with bolster support where the head is slightly curved forward like Sarvangasana. The blockage is less because the cheekbones go back and are not heavy. When the cheekbones get puffed, if they become heavy, the sinus gets blocked. The back of the ears and sides of the neck should be exactly in a stable condition. If it is very bad then slightly forward for a few days at least - until they feel alright.



Q: How should the practice of Sarvangasana differ with a hypoactive or hyperactive, that is under-active and over-active, thyroid condition?

Geeta: In hyperactive they feel a sort of breathlessness when the neck gets shortened, so they need more space. First breathlessness is the problem, then reddishness of the face. They can't breathe. They just can't do Sarvangasana and they have to come down. Doing supported Sarvangasana with the legs on the backrest of the chair the hyperactive thyroid is made quiet. It is like Savasana on the throat. If the throat is passive it is made to do less work so the thyroid gets quietened. Otherwise, it gets stimulated very quickly or rather it gets over-stimulated.

The same method for people who are heavy - the legs have to go back. People with a backache, neck pain, do on the chair - no problem because they are not dealing with actual pain. It is like Savasana to them so the problem doesn't arise.

With hypoactive, you have to activate the thyroid. With hypoactive, the thyroid is functioning less. They are to do supported Nirālamba Sarvangasana with the legs forward to the wall. The throat area descends downward, gets the depth and this makes the hypoactive thyroid work properly, to come to normal.

A common guidance is Nirālamba Sarvangasana for hypoactive and Salamba with legs resting back for hyperactive. This is only a guide. The rest of the things depend on their chest, their throat etc.

Often hyperactive people like to do Setu Bandha Sarvangasana, which they enjoy. They enjoy Half-halāsana because there is no pressure. Hypoactive people enjoy doing Nirālamba Sarvangasana without compression in the throat. The moment the throat goes down they can breathe better, otherwise it gets stuck upward.

Further Q: Thyroid removed?

Geeta: That depends, the individual has to be seen. The structure of the neck, the jaw lock, these things have to be seen. You can give side neck extensions because the thyroid is not there. The thyroid is not functioning so give Nirālamba Sarvangasana. They should feel all right if there is a proper extension between the chin and throat. You have to keep the bandage there for space - a bandage so they don't feel any choking. Bandage between the chin and throat so that area goes inside. Space is created so that area goes down.

Further Q: Even with a chair?

Geeta: Yes, suppose if they are doing legs resting on the chair at the back. Then you are to adjust the head (tilt it so the throat goes down), support it with a small blanket according to the neck curvature. This relaxes the throat and definitely is good. You can't lift too much and put a bandage here.

They have to respond to the bandage. If not responding that means the bandage is too soft for them. If the bandage isn't strong enough put a small wooden block there. Then they push the sternum bone to the wooden block. You have to see that at the sternum level you open there.

Q: In headstand and handstand, how to prevent the lower back from collapsing. Correct posture of people who keep thrusting their pelvis forward, even if they manage to keep fairly erect.

Geeta: The brick work between the thighs. I have already said, the head of the femur bone, when it doesn't rotate, you throw the legs back. So, that is the correction.

Q: I have neck problems and tight trapezius. How can I work in Sarvangasana to avoid stiff neck, spasm in the trapezius and insomnia? Working with the chair, with a bolster to support the shoulders, doesn't create any problems if there is no pulling with the arms. When I pull the arms I have spasms which cause insomnia.

It is not a Sarvangasana problem. The arms are not the problem - arm stretch she has to do. The problem is her shoulders.

Demonstration: *First rope movement. Feet unsupported standing approx. 3 foot to 1 metre away from the wall.*

It's not opening where it should open, go with the chest, forward.
Top chest well open.

Geeta pushed shoulder blades into the body and away from neck.

Demonstration: *First rope movement. Feet against the wall.*
The problem shows here - her shoulders are going above, they have to come down.

Demonstration: *First rope movement. Feet on Viparita Karani Box against the wall*
Open the side chest - open the sternum.

Demonstration: *First rope movement. Each rope made longer by having an extra rope doubled and looped through, making a handle. Feet to Viparita Karani box.*

We have to judge the rope length when she does the movement.
Without the Viparita Karani box - with the feet to the wall - the upper arm over rolls (wrong). - On the contrary, this upper arm has to come upwards, lift.
She has to move the dorsal into the body to go forward, that is the movement.

Demonstration: *First rope movement. Each rope made longer by having an extra rope doubled and looped through, making a handle. Feet to Viparita Karani box. 2 Bolsters and 1 blanket roll under the upper thigh for support.*

She wants to do wrong action by dropping her pelvis forward.
This is wrong; it is creating more problems.
Geeta adjusted with a rope - adjusted the dorsal/thoracic - pulled forward and up.
Head up - open the side chest - sternum upward.
The movement has to come - stretch the thighs and lift the bottom pelvic upward.

Sarvangasana - 3 blankets

She can manage and stay in Sarvangasana with the chair. Nothing happens. She doesn't get pain but it will not give relief either. If she does Sarvangasana on the

chair she is doing Savasana. It doesn't pain, but she is doing Savasana so it doesn't pain. But what you have to correct you have to correct here in Salamba Sarvangasana. She has to move.

Geeta showed the student's back neck and shoulder area - checking the shape, the skin, the evenness, thickness. Showed the sides of the neck were of different length.

The inner upper trapezius - one was up, one down. The bulging portion needs to go. The left shoulder bone has to be fixed, clipped into position, whereas it is out. The right shoulder has to hold its position as the left shoulder (bad shoulder) is moved in - to the right. Then the neck gets its position. This thickened area is her enemy. She has to fight the enemy.

Demonstration: 1 belt - looped around the student's back - in front of both arms at the points of the shoulders and buckled behind the neck, the buckle on the left side so when the belt is tightened the left side comes closer.

When standing, her left side was going away and shoulders were dropped forward. The tightened belt was pulled slightly back - adjusting the shoulders and the trapezius clipped down to stop it bulging up.

Demonstration: Sarvangasana with the belt as above. Another belt for the upper arms as usual for Sarvangasana, making sure the buckle when tightened will pull the left, the bad shoulder, to the right side.

The belt should not slip off. The shoulders have to support inside.

Geeta stood with her feet outside the student's elbows and moves them in for stability.

If let loose they go out and it is painful - you want these bones to come closer. The relief comes the moment the bones are closer.

If I let loose, the bones go out and pain comes.

The student leans more on the left side - comes to the left.

So all these things are going wrong.

She has to move to the right - the belt helps to move the shoulder bone in.

Holding the right side - move from the left and go to the right - flow this way, then there is no pain.

Be in the centre - whereas habitually she remains on the left side. She does not come on the right side.

The curvature of the neck is not the problem - the shoulder is the problem.

Q: I would like to ask about the practice with a problem such as I have in terms of fatigue. How to build up a practice. How to overcome the nausea it brings up. I would like to learn about the function of the breath within the healing space when doing asanas.

Geeta: You tell me the exact problem.

Student: I had glandular fever and I didn't know I had it and I kept on doing things. I had it about a year-and-a-half ago. Then I got what they call a fatigue syndrome; I

right, left, left, right that is how the breathing is done. So, balance you bring in spite of having imbalance.

We have to learn how to face all problems calmly and quietly. You change your mental attitude in spite of having problems. Surya Nadi and Chandra Nadi are kept in a balanced way, so mentally you are a balanced person whether you suffer with mental agony or a peaceful state. If you are in an absolutely peaceful state that can cause a kind of fear complex, but with Surya Nadi you can't. With Chandra Nadi you bring that peaceful state.

We need all that kind of balance. You say "I want solitude. I want to be in a isolated place for a while. I don't want all these problems around me." but the moment you go to an isolated place, the fear complex comes. You realize how much you are isolated. You think that if someone was here with me it would have been better. This kind of thing happens, the play of Surya Nadi and Chandra Nadi.

Nadi Sodhana is an advanced pranyama, for those people who have conquered the other pranayamas. Their mental state can remain level, even if absolutely calm and quiet, they remain in a balanced state. That is why with Surya Nadi and Chandra Nadi we work with inhalation on the right side. Activising for pacification, activising the one which is pacified. Then bringing that calmness, transferring to the Surya Nadi, so it becomes quiet.

This is the main reason why we start with the right side. Firstly, it is the auspicious side. It is the active side on which it is done, then to the other side where the coolness and calmness is carried to the active side. The energy is thrown the other way. If you have to be patient, say (to the left) "Why don't you give me that patience?" so you become patient. You say, "Come on give me that good nature". And sometimes "Come on give anger to me". You know when you don't loose your temper, but it is very necessary to. If you are too soft, it's not good. "Give me that anger so I can lose my temper and put them in a proper place". This way and that way the balance is brought. Both we need, and that is what actually real balance is. At the right moment, using that right kind of attitude, the one we need then. So right side first of all is the auspicious side.

Ref: Light on Pranayama.

Surya: The sun.

Chandra: The moon.

Nadi: A tubular organ of the subtle body through which energy flows. Nadis are ducts or channels which carry air, water, blood, nutrients and other substances through the body. They channel cosmic, vital, seminal and other energies as well as sensations, consciousness and spiritual aura.

Surya nadi: The nadi of the sun. Another name for **pingala nadi**. The nadi or channel of energy, starting from the right nostril, then moving to the crown of the head and thence downwards to the base of the spine. The solar energy flows through it.

Ida nadi: A nadi or channel of energy starting from the left nostril, then moving to the crown of the head and thence descending to the base of the spine. In its course it conveys lunar energy and is therefore called **chandra nadi** (channel of lunar energy).